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All Roads Lead to London

RUBY M. SIMPSON, O.B.E.,
President, The Canadian Nurses Association

The Quadrennial Congress of the International Council of Nurses is the event paramount for members of our profession in all parts of the world. This fact was ably demonstrated to Canadian nurses in 1929 when the city of Montreal was the meeting place. Nurses, nurses, everywhere and from everywhere! The streets were thronged with them! From Europe, Asia, Africa and both the Americas, from countries well known to us and from those less familiar. Truly a world conference, a great clearing house for the interchange of thought, for the discussion of mutual problems and for a renewal of ideals and inspiration.

This year all roads which nurses travel will lead to the great metropolis, London, the Congress centre. For months, in fact for years, the British nurses have been occupied with preparations. Now the committees on programme, arrangements and entertainment have practically completed their work and if we may judge from reports and from nursing journal items, not a single detail has been overlooked which might in any way add to the success of the meeting or contribute in the slightest measure to the happiness and well-being of the thousands who are expected to attend.

The meetings are to be held in the Central Hall, Westminster, in the very heart of London, adjacent to the many historic spots we know so well, the river Thames, St. Thomas's Hospital, the Houses of Parliament, Lambeth Palace, Westminster Abbey. The accommodation is extensive, so much so, in fact, that a great hall with seating capacity for nearly 3000 persons, four smaller halls for section meetings, lounge rooms and restaurant are all contained under one roof. This ample provision will be appreciated: an economy, surely, of time, energy and disposition!

The programme as you will have noted in the last issue of the *Journal*, is in four carefully planned Sections—Nursing Education, The Nursing Profession, Public Health, Some Nursing Problems. Section meetings will be held separately and concurrently, eight sessions to form each Section. Almost every

Terrace at St. Thomas's Hospital

country in the world will be represented either by speaker, chairman or discussion leader. The subjects allocated to the Canadian Nurses Association will be taken by Jean I. Gunn, Elizabeth L. Smellie, Florence H. M. Emory, Grace M. Fairley, Margaret Moag, Jean Church, Edna Moore, Mary S. Mathewson and Ruby M. Simpson. Other names may be added later. An organ recital will precede the imposing opening ceremony at which Dame Alicia Lloyd Still, President of the International Council of Nurses will preside. With her, on the platform, will be the presidents of the twenty-nine member countries. Mrs. Ethel Bedford Fenwick, President of the National Council of Nurses of Great Britain and founder of the International Council of Nurses, will take the chair for a general session mid-week and Dame Alicia for the closing session when she will pronounce "The Watchword."

Already extensive plans have been made for the entertainment of the guests. With true British hospitality, and the characteristic spirit of goodwill and real friendliness which exists among members of our profession, so many invitations have been proffered that, we understand, the entertainment committee is having great difficulty in finding time for them all. One event will be of particular interest. The most recent issue of the British Journal of Nursing announced that "the Corporation of London will entertain the members of the Congress at an evening reception, the guests to be received at the Guildhall by the Lord Mayor and Lady Mayoress of London." What an honour for nurses and nursing! And what a memorable occasion for the fortunate ones who will attend!

Religious services have been arranged at St. Paul's Cathedral and at Westminster Cathedral for the Sunday preceding the formal opening ceremonies. Unfortunately, Westminster Abbey will not be available. The Archbishop of Canterbury will preach at St. Paul's and the Archbishop of Westminster at Westminster Cathedral.

So you see the devotional, the professional and the social have all been kept in mind by the enterprising and capable committee in charge. Surely we have promise of a thoroughly profitable as well as a very happy Congress week.

There is probably no city in the world which holds as much of particular concern and attraction for nurses as does London. The hospitals—St. Thomas's, the home of the Florence Nightingale School and the repository of the collection of relics and mementoes of the great founder of modern nursing; the London, in Whitechapel; Guy's, with its great medical school; Barts' founded in the twelfth century and still standing on its original site—these and so many more with names less well known, are all interest points. Bedford College, too,

where nurses from many countries have studied and International House in Manchester Square, the home of the Florence Nightingale Foundation students, among whom have been our Scholarship nurses in the past three years. We plan to inspect the "Canada" room there and to see that it is refurbished to some extent before it is exposed to the scrutiny of world-wide representatives! The British College of Nurses in Portland Place, the Cowdray Club in Cavendish Square and the College of Nursing on Henrietta Street, exactly next door to the headquarters building of the British Medical Association—none of these must be overlooked. By the way, it is reported that short postgraduate courses, sponsored by English nursing organizations, are being arranged by the College of Nursing for nurses attending the Congress, to be given both before and after the meetings. This news will certainly be of keen interest to Canadian nurses. When details are available they will, without doubt, be published in our own Journal.

Then there is London itself. So soon after the Coronation, too! The prospect of seeing it again or for the first time will provide a real thrill of anticipation. There is no place quite like it. To sit atop a bus in the early morning and watch the delicate outline of Victoria Tower emerge from the mist; to browse —alone, guide book in hand or with one congenial companion—among the places remembered from school study days; to feel almost the thrill of a discoverer at sight of Wood Street and the plane-tree, where to the fancy of "poor Susan," "the river flows on through the vale of Cheapside." The art galleries and museums, the cathedrals, the historical places, the parks, the theatres, the shops —well, you must just go and form your own opinions. Numerous books have been written on London and the British Isles—books by such familiar writers as E. V. Lucas and H. V. Morton, as well as a host of others. A good preparation for the Congress would be to read one or two of them. Any library will furnish lists or they may be found in current nursing periodicals.

Items relating to the Congress Tours which are being organized by the Canadian Nurses Association have been published in all recent issues of *The Canadian Nurse*. If your reserve can in any way be stretched to allow you to go to London, all detail and information are easily available for you at National Office. Incidentally, there are special considerations as to accomodation, rates and privileges for nurses travelling with our party.

London is not a strange place to Canadian nurses. It has such a feeling of familiarity that they feel at home at once. How pleasant it will be for the large numbers of us who will meet there in July, 1937.

A London nocturne

Carcinoma of the large bowel

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In an article published in the February number of this *Journal*, special emphasis was placed on nursing care in colostomy. Other aspects of carcinoma of the large bowel will now be considered from a nursing point of view.

Fortunately, there are more hopeful cases in which the establishment of a colostomy is simply the first step taken by the surgeon, with a view to relieving obstruction, reducing edema and inflammation of the intestine and improving the patient's general condition, preparatory to the major operation—abdomino-perineal or perineal excision of the rectum. The perineal approach rather than the abdominal is employed in those cases in which the tumour is small, freely movable and lying low in the rectum.

Prior to operation the patient is given a non-residue diet of high caloric value, including fruit juices and glucose. Blood transfusions and intravenous fluids of glucose and saline are administered if necessary. When the operation is undertaken in two stages, the surgeon may order, in addition to the regular irrigation of the proximal loop, a daily irrigation of the distal loop of the colostomy, employing some antiseptic solution such as Acriflavine (1,10,000) to thoroughly cleanse the lower bowel of fecal matter, mucus or pus. Each morning a cleaning colonic irrigation is given. The night prior to operation routine preparation is carried out, consisting of a meticulous abdominal and rectal shaving, soap-suds enemata until clear per colostomy and per rectum. Some surgeons prefer that saline cathartics be given every morning for several days before operation, together with a daily cleansing enema, discontinuing all enemata and catharsis the day before operation, and giving Tincture Camph. Co. drams II every two hours for four doses, beginning at four p.m. No fluids are given after midnight. In the morning, the bladder is emptied and a retention catheter fastened in place. Female patients are given a cleansing douche on the morning of operation, and the vagina may be packed with Acriflavine gauze. Intravenous, with venesection, is usually done and the patient is thus ready for an emergency blood transfusion during operation, should it be required.

On return from the operating room, the patient is nursed lying on his side in low Fowler's position, because of the danger of hernia through the perineal incision, and is turned frequently to prevent chest complications. Extra blankets, morphia as a sedative, freely administered fluids per os and per intravenous, aid in overcoming severe post-operative shock. The pulse and respirations must be accurately recorded hourly, and the perineal wound watched closely for hemorrhage.

Because of trauma of viscera in the region of the bladder and interference with the nerve supply, the patient will experience difficulty in voiding post-operatively. For this reason, the retention catheter is left in the bladder, often for seventy-two hours. Bladder irrigations ensure free drainage, prevent distention and help combat bladder infection.

Dressings are commenced almost immediately. In those cases of abdomino-perineal resection of the rectum, there are three distinct and separate areas to be cared for: the colostomy, the perineum and the midline incision. There may even be a fourth dressing, if the patient has

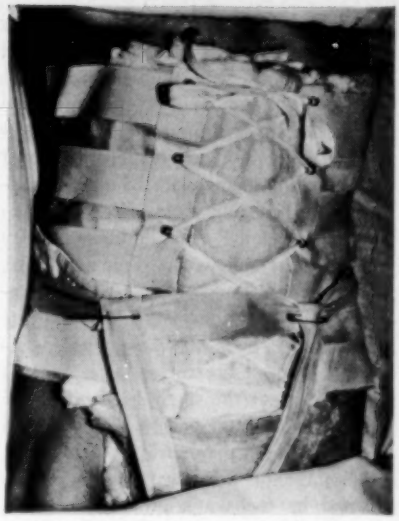


Figure 5a

come into hospital acutely obstructed and the caecum has been brought up to the skin surface and opened as an emergency measure.

In dressing the abdominal incision and the perineal incision, the strictest aseptic technique must be observed. Each must be treated as a distinct and separate dressing. For the colostomy and cecostomy dressings, clean, but not necessarily sterile technique is observed. The cecostomy dressing is similar in procedure to the colostomy dressing described in the February issue of the *Journal*.

In commencing the dressings, let us deal first with the perineal wound. The patient returns from the operating room with the perineum closed with dermal and retention sutures. As is practically always necessary, an area for drainage has been left packed open with gauze in oil silk. Over this, a dry dressing is firmly applied, and some measure of pressure secured by its being fastened in place with a broad "T" binder. (See Figures 5a and 5b). The external dry dressing will become moist with blood and serous drainage, and will require changing frequently during the first twenty-four hours, and later twice daily until the packing is removed. At the end of forty-eight to seventy-two hours, the packing is removed and the perineal wound area kept open for drainage by the insertion of one or two pieces of one-half inch soft rubber tubing, three to six inches in length. Or the skin edges may simply be separated with a corner of gauze tucked into the incision. Irrigations of the perineum are then commenced at four-hour intervals, using an asepto syringe (See Figure 6) and forcing the fluids via the tubes into the perineal cavity. Or in place of inserting drainage tubes, the perineum may be irrigated with a syringe and soft rubber catheter. (See Figure 6). Following the irrigation, a dry dressing is applied if no infection is present. If the area is infected, the surgeon may order hot boracic or hygeol dressings to the perineum. As the patient turns from side to side in bed, it is important that the perineal dressing be firmly and securely adjusted.

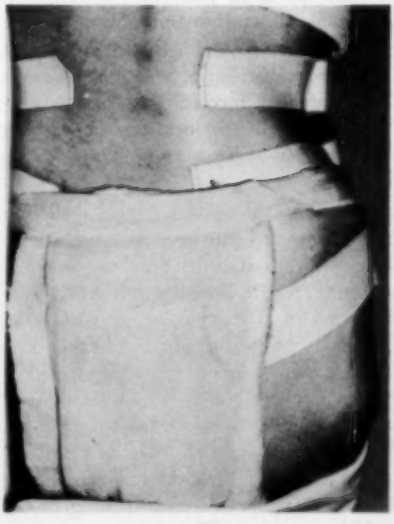
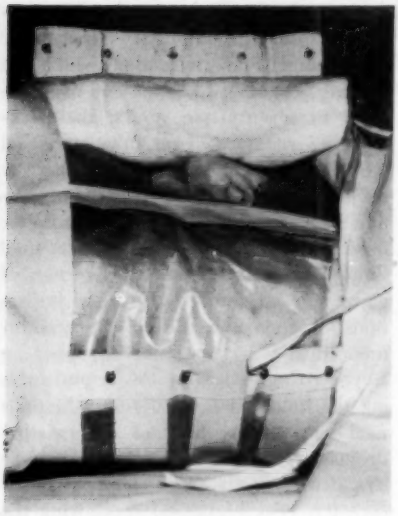


Figure 5b



Dressing of mid-line incision

A third method of irrigating the perineum is by means of a sterile irrigating can, one and half yards of rubber tubing and a glass irrigating tip. (See Figure 6). The buttocks of the patient are brought to the edge of the bed and beneath them is placed a Kelly pad and sterile towel, extending down into a granite tub on the floor. The nurse holds the irrigating can with her right hand, and with the left hand directs a forceful flow of the solution up into the perineal cavity, washing out any pus there may be into the tub beneath.

Perineal stitches and retention sutures are removed usually in from ten to twelve days—earlier if much infection is present and freer drainage is indicated. Over a period of from four to six weeks the perineal wound gradually heals. The patient may be up out of bed before complete closing takes place; in fact, much freer drainage is permitted with the patient in the upright position. So much for the dressing of the perineal incision.

Secondly, there is the dressing of the midline incision. The nurse must now turn the patient on his back, scrub her hands and lay out a complete new set of sterile supplies. The problem here is to keep the wound free of contamination by fecal matter issuing from the colostomy (and cecostomy, if such there be,) until healing takes place. Such contamination is probably most effectively prevented by placing over the incision a dry dressing, covered with a piece of oil silk, and fastened down to the abdomen between the colostomy opening and the incision by a strip of water-proofed adhesive. The oil silk forms, as it were, a trap door over the stitches by which the process of healing may be watched. On the other side of the door is the colostomy. The hinge of the trap door, which is formed by the water-proofed adhesive, must be zealously guarded lest a leak occur, and will require renewing from time to time.

In those cases where the cecostomy and colostomy are both still present, the midline incision must be entirely sealed off, with oil silk and waterproofed adhesive, around all four edges. Nevertheless, it will require frequent alcohol dressings because of the almost continuous functioning of the uncontrolled cecostomy and the inevitable leakage through the midline dressing. Daily saline or soapsuds irrigations of the cecostomy and colostomy will prevent too frequent soiling. The abdominal dressings of colostomy, cecostomy and midline are all securely contained within the Starr Binder. If infection of the midline occurs, boracic dressings must be applied every four hours. One may reasonably expect that by the twelfth or fourteenth day, when dermal and retention sutures are removed, the midline incision may be completely healed and dressings discontinued.

Then there is the third type of surgical treatment of tumours of the intestinal tract—those cases in which the tumour

is situated in the caecum, ascending, transverse or descending colon in such a way that it is possible to resect the intestine, completely excising the tumour and the invaded mesentery. When the caecum or ascending colon is involved, obstruction can usually be temporarily relieved over a period or three or four days by giving the patient a clear fluid diet and repeated enemata. Following this preparation, the tumour is excised and an end-to-end anastomosis of terminal ileum and transverse colon is done. At the same time, a drainage tube may be inserted in the ileum, and the bowel drained by a length of rubber tubing extending into a Winchester at the bedside. Ileostomy drainage is measured and charted daily. At the end of ten days, the tube is removed and the skin surface closed.

When the tumour is situated between the middle of the transverse colon and the recto-sigmoid colon, the surgeon, after excising the tumour, either does an end-to-end anastomosis of the bowel, or a Mikulicz resection. In the case of an end-to-end anastamosis, most surgeons do a cecostomy immediately upon completing the resection, opening the cecostomy the following day and leaving it to function for six weeks or two months before closing it, meanwhile ascertaining that no obstruction has occurred at the site of operation. In the case of Mikulicz resection, a double-barrelled colostomy is first done, to be closed about three weeks later. Wherever the tumour may be situated in the colon, the pre-operative preparation is the same as for the colostomy operation—clear fluid diet for forty-eight hours, saline purgatives, daily cleansing enemata and an abdominal preparation.

The diet, following a bowel resection in which an end-to-end anastomosis is done immediately, consists of sips of water for twenty-four hours (intravenous fluids being given continuously) clear fluids for three days; milk soups, custards and egg-nogs for five days; and a soft diet for ten days.

If the cecostomy has been done, frequent vaselinated gauze dressings must be applied and particular care must be taken as indicated above to prevent infection occurring at the midline incision. When the cecostomy is closed, a firm dry dressing is applied until the removal of the dermal sutures, when all dressings are dispensed with. The general nursing care is similar to that of any post-opera-

Figure 6 Irrigation tray

tive abdominal case and the patient is usually out of bed at the end of two weeks.

The advantage of the two-stage operation, and closing the bowel with the Mikulicz clamp, is, that at no time during the operation, is the lumen of the bowel exposed to the peritoneum. Thereby the danger of post- operative peritonitis is minimized. In the Mikulicz operation, the diet and dressings are those ordered routinely for any colostomy. When the colostomy is functioning well, the Mikulicz clamp is put on, one prong fitting into the proximal loop and one into the distal loop of the double-barelled colostomy. The upper part of the clamp is allowed to project through the taping of the Starr Binder, being well protected at the skin surface with vaselinated gauze and pads. Each day, the clamp is tightened by the surgeon and at the end of seven to nine days, when the spur has been sloughed off by the clamp, continuity of the large bowel is partially reestablished. That portion of the colon which was on the surface is closed, replaced in the abdomen and the skin wound sutured. A dry dressing is applied over the abdomen and carefully watched to see that no leakage occurs. Following this, the patient is returned to a clear fluid diet for forty-eight to seventy-two hours to protect the recent suture line. Gradually the diet is increased when bowel movements per rectum take place. Dermal and retention sutures are removed in ten to fourteen days and the patient is allowed out of bed. A firm abdominal support gives the patient a sense of comfort as well as aiding weakened abdominal muscles.

The routine outlined in the foregoing paragraphs comprises briefly the preoperative and post-operative care required by patients suffering from carcinoma of the large bowel, from the standpoint of physical healing and comfort. To complete the picture of the nursing care, it is necessary to emphasise along with the physical, the psychological aspect of each case. To keep the patient healthy in mind as well as body, the nurse considers first the atmosphere surrounding her patient. Is the ward light and airy? Is the food attractively and temptingly served, with some thought given to individual preferences? Is the attitude of all workers in contact with the patient kindly and sympathetic, and yet sufficiently encouraging and buoyant to overcome tendencies towards apathy, self-pity and hypochondriasis?

From the medical standpoint, many of these patients must be looked on as chronically ill. The ingenuity of the nurse is called upon to secure comfort for the patient with the minimum administration of narcotics, relying on nursing measures to induce rest and sleep and alleviate pain, reserving powerful sedatives for the latter stages.

Occupational therapy plays a major role in sustaining the morale of these patients. Opportunities are provided for developing skill in a variety of handicrafts and when a real interest is developed, little time is given to morbid introspection. By enlisting the help of the social worker in investigating the social and economic problems attendant upon any prolonged convalescence, unsuspected worries are quickly disposed of.

Thus, it may be seen that under this title a broad and challenging field lies open to nurses and the comfort and happiness of the patient is directly dependent upon the skill and understanding with which the individual nurse meets the challenge.

THE EDITOR'S DESK

On to London

We are sure that everyone who reads our leading article will experience a thrill of anticipatory pleasure. In it the President of the Canadian Nurses Association gives us a vivid picture of what is in store for all who go down to the sea in ships this summer in search of the Port of London.

From yet another international angle, we invite the attention of our readers to an article from which excerpts are quoted in the current issue of *The International Nursing Review*. This article originally appeared in *The Contemporary Review* and was written by Mr. Bertram Pickard. In it he discusses a question which is in the minds of thinking men and women the world over in these days of economic unrest and political strife: "What is the use of international congresses?" Mr. Pickard has given the best answer to this question that we have yet heard and we are grateful to *The International Nursing Review* for passing it on to nurses:

According to Deniker, cited by Webster in explanation of the word, "the international life of peoples manifests itself in three different ways: either in hostile relations (war), in pacific neutral relations (commerce) or in sympathetic relations (exchange of ideas and feelings, feasts, congresses, etc.)" Three stages of development are clearly indicated: first, *antipathy*—the instinctive antipathy of difference; second, *tolerance*—the tolerance of commerce, to mutual advantage, in things; third and last, *co-operation*—the co-operation of mutual curiosity and interest, leading to sympathy and its celebration at feasts and congresses.

War and commerce are as old as history and have been highly organized for centuries. But organized international exchange of ideas and feelings is of relatively recent origin. The very word *international* only crept into the dictionaries at the dawn of the nineteenth century; whilst the first organizations that boasted their internationality were the peace societies, founded at the close of the Napoleonic Wars in London, New York and — interestingly enough — Geneva. The nineteenth century and early twentieth witnessed a remarkable development in the field of international organization. Utilitarian necessities brought to birth inter-governmental bodies such as the International Postal Union and the Hydrographic Bureau. Common interests and curiosities created a host of professional and scientific organizations, ranging from unions of hairdressers and hatters to societies adepts in the more speculative pursuits of anthropology and psychics. Politicians, humanitarians and moralists were also on the move.

The Interparliamentary Union brought together the practitioners of democracy. The International Red Cross sought to salve consciences by humanising war. Whilst the International Peace Bureau, greatly daring, proposed war's abolition in favour of law. By 1914 some four hundred unofficial international societies were established.

Something must be said regarding the intrinsic importance of unofficial organization in general, though admittedly the value and influence of particular bodies varies enormously. Since emotional elements have played, and do still play, so large a role in both the forced and voluntary contacts between nations and races, it follows that effective inter-governmental co-operation depends to a considerable extent upon the question as to whether a sufficient minority of intelligent and responsible citizens has made the necessary adjustments to the psychological and material facts. As Sir Alfred Zimmern has well said: "We have an internationalism of *things*—from telegraphs to cinema films—but we have not a generation of men and women accustomed to live, in

the fullest sense of the word, in the larger world thus opened out to us."

This new habitation is a complex process in which all kinds of agencies, such as the cinema, the aeroplane and the radio, are having their part. But it is obvious that societies of men and women, drawn from many nations, the very *raison d'être* of which is conference about the questions of the day, or conscious promotion of common interests and aspirations, are destined to play no mean role. Their gatherings may be likened to laboratory experiments, conducted on a small scale, but designed to point the way to an applied science of international association.

Reader's Guide

In this issue we publish a second and concluding article, written by Miss Barbara C. Miller, on the nursing care of patients suffering from carcinoma of the large bowel. The attention of instructors is called to Miss Miller's masterly presentation of a difficult phase of nursing care. It may be used to advantage either in the classroom or at the bedside. △ The annual meeting of the Registered Nurses Association of Ontario last year proved a veritable mine to the *Journal* from which we continue to dig out nuggets of pure gold. The latest example is Dr. Cameron Warren's portrait of what a public health nurse ought to know, to do and to be. △ Dr. H. G. Stevenson is an international authority on the education of nurses for psychiatric nursing and has kindly prepared for our benefit an abstract of Miss Harriet Bailey's stimulating report of her survey of a group of nursing schools in mental hospitals in the United States.

Hail and Farewell

During the last few months the nurses of Canada have lost from their ranks women who have rendered distinguished service in many fields of nursing. More than one page of this issue of the *Journal* chronicles the passing from this earthly scene of women whom we can ill afford to lose. The *Journal* asks leave to pay humble tribute to their memory.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Student Nurses, Edmonton General Hospital	$5.00
Edmonton Association of Graduate Nurses	10.00
A.A., University Hospital, Edmonton	10.00

British Columbia

Staff, St. Luke's Hospital, Powell River	8.00
A.A., Jubilee Hospital, Victoria	15.00
Miss M. Young, Ocean Falls	10.00

Nova Scotia

Students, St. Martha's Hospital, Antigonish	5.00
A.A., St. Joseph's Hospital, Glace Bay	10.00
A.A., City of Sydney Hospital	5.00
St. Elizabeth's Guild, Halifax	10.00
Lunenburg County Branch, R.N.-A.N.S.	10.00
Cape Breton Branch, R.N.A.N.S.	10.00

Saskatchewan

Nursing Staff, Kerrobert Union Hospital	2.50
Regina Registered Nurses Association	10.00

Nursing Schools in Psychiatric Hospitals

Dr. H. G. Stevenson who is known to our readers as the Superintendent of the Ontario Hospital, London, Ont., is also chairman of the Committee on Psychiatric Nursing of the American Psychiatric Association. He has very kindly prepared for the *Journal* an abstract of an article, written by Miss Harriet Bailey, R.N., and originally published in the May number of *The American Journal of Nursing*. This abstract follows:

Miss Harriet Bailey R.N., well known for her long experience in psychiatric nursing and for her text book "Nursing in Mental Diseases," was recently asked by the Committee on Mental Hygiene and Psychiatric Nursing of the National League of Nursing Education and by the Committee on Psychiatric Nursing of the American Psychiatric Association to make a survey of a group of nursing schools in mental hospitals in the United States. The purposes of the survey were as follows:

1. To determine if the state hospitals for mental diseases should offer a basic nursing course.
2. To observe the organization of the nursing school, its education programme, its application of the nursing service, and the standards of nursing practice resulting therefrom.
3. To determine the clinical resources of nursing education and practice that should be available if a school is to be organized or continued.
4. To offer recommendations along all these lines with a view to improvement in the teaching programme and ward practice to the end that the mental patient may be better understood and more efficiently nursed.

A great deal of interesting information was secured by Miss Bailey. The favorable and unfavorable findings are exceedingly instructive to all those interested in the field of psychiatric nursing and a thorough reading of the original article will well repay the effort. Administrators of mental hospitals and of nursing schools in these hospitals will find many valuable suggestions for the improvement of the weak features in their institutions, and the nursing profession at large will have a better idea of the standards to be striven for as well as the special problems in psychiatric hospitals and in the nursing of the mentally sick.

While Miss Bailey's report and recommendations are based on her findings in mental hospitals in the United States, they apply equally well to mental hospitals in Canada. The proposal that all general hospital nurse training include a psychiatric affiliation in a mental hospital makes Miss Bailey's survey of special importance to Canadian nursing. The Canadian Nurses Association and the official provincial organizations are of course interested in the improvement of standards in the schools of nursing in mental hospitals throughout Canada.

Miss Bailey's conclusions are as follows:

There can be little question that the vast educational resources of the civil hospitals, when properly organized, offer unusual opportunities for nursing education. The large numbers of patients in a group (when classification is well carried out) produce a composite picture of symptoms that is impressive and at the same time emphasizes individual differences in personality that must always be given consideration when efforts are made to correct maladjustments or institute measures of re-education. The increased activity in medical, surgical and special therapy that has been developed in

many of these hospitals greatly enriches their value as teaching centers.

But more than presenting opportunity is needed to make them available for nursing education. There must be not only a real interest in education on the part of hospital administrators and physicians and a willingness to provide nurse instructors and the facilities and equipment essential for teaching and practice, but also the clinical resources of the hospital should be made available and the responsibility for the instruction, both formal and informal, should be shared.

The advantages of promoting educational activities in any hospital are recognized generally, but in a hospital where the personnel is largely resident and quite stationary it is the more necessary if the patients are to receive the full benefit of medical research and intelligent, skilful nursing.

To organize and conduct a nursing school necessitates an increased budget to cover expenditures for specially qualified nursing staff and school faculty, equipment for teaching and ward service, and shorter hours of ward duty for students. Therefore, it may be expedient for only one hospital of a state group if the number is small, or several if it is large, to conduct a nursing school or schools, the graduates of which would be largely absorbed by the other hospitals in positions of general duty, assistant charge nurse, charge nurse and supervisor. Obviously, the hospital that organizes a school should, if possible, be so located that advantage may be taken of the cultural and educational opportunities offered by colleges, universities, or other higher institutions of learning.

The recommendations that follow are general in character and involve a repetition of principles that are familiar to and accepted by nursing school administrators. However, the need of more fully incorporating them in the organization and conduct of some of the schools of the survey was evident.

Organization and Control: To conduct a school of nursing the hospital executives and the medical staff should be actively interested in all those aspects of nursing education which affect and hasten the cure and rehabilitation of the patient and increase the effectiveness of nursing practice.

A school committee should be appointed, its membership to include the superintendent of the hospital, the principal of the nursing school, representatives from the board of trustees and the alumnae association, an educator who is interested in community health, and a community representative who is interested in the educational needs of nurses and cognizant of the nursing needs of the community. This committee should meet regularly.

A budget to cover the necessary expenses of the school should be a separate item in the general budget for nursing service.

Graduate Staff: The nursing school faculty, and in particular that member who has charge of the educational programme, should be qualified by academic and professional education and experience.

All graduate nurses, whether in administrative positions or general duty should be registered in their respective states.

Staff education programmes should be instituted and regular conferences held. Members of the school faculty and charge nurses should be encouraged to pursue advanced educational courses whenever possible. Courses for supervisors and charge nurses in ward management and teaching should be given at the hospital by a qualified visiting instructor if attendance at college for courses is not possible. Members of the alumnae association should be organized to further some project for the school.

Clinical Facilities of the Hospital: These should include every aspect of psychiatric therapy accepted in medicine to-day; and also those preventive measures and activities carried on in the community under the general term, mental hygiene.

Practice on selected wards for men should be provided. Practice in the departments of special therapy should be provided. Practice in a general hospital approved for affiliation should be provided for a period of not less than twelve months.

Physical Facilities of the Hospital: These should be adequate to permit nursing practice to be executed as taught in the classroom

without compromises in technic, or acceptance of conditions that may contradict or nullify the principles of good procedure.

Facilities for observation of patients in seclusion must be provided.

Health and Recreational Facilities: Physical examinations should be given not only upon entrance but each year thereafter. Vacation time should be not less than one month each year. Hours of required ward practice and formal class exercise should not exceed forty-eight hours per week. Hours of night duty should not exceed forty-eight per week, and should be given, if possible, after the class programme is completed for the year. The nurses' residence should be a separate building, and should include facilities for recreation and social activities. Bath and toilet facilities should be in a ratio of not less than one to five residents. Supervision of the residence should be given by a person of refinement who is interested in young people.

Student Body: Student nurses should be selected with more regard for their cultural qualifications and maturity. The attendant group should be selected with the view to their remaining permanently in service. Their instruction should be organized and other efforts made to develop a contented, trustworthy and efficient group of workers.

The general ratio of nurses and attendants to patients in hospitals conducting nursing schools should meet the minimum of one to eight prescribed by the American Psychiatric Association. This ratio will be influenced by the hour schedule in effect.

Classroom Instruction: The basic sciences, anatomy, physiology, and bacteriology, should be taught by the laboratory method. Orientation courses in psychiatric nursing should be given in the first year. The curriculum should be revised at such intervals as may be necessary to make it conform to changing standards.

Clinical Teaching Programme: A programme of clinical teaching should be planned and carried on by physicians, instructors, supervisors and charge nurses. Better correlation of all classroom instruction and nursing practice should be made.

Classrooms and Library: The teaching unit should include class and lecture rooms, demonstration room, science and dietetic laboratories and instructors' office. The equipment of these rooms for teaching should meet accepted standards.

The reference library should include the standard nursing and medical textbooks, journals, and periodicals.

Records: Those required for the school should in number and content conform to accepted standards. The new records of the National League of Nursing Education are recommended. Those required for ward practice should meet not only the need for safety and efficiency in procedure but also have educational value.

A Friend of Nurses

The J. B. Lippincott Company has sustained a severe loss in the death of Mr. William Albert Widmer, who was sales manager for more than thirty years of the firm's medical department. Mr. Widmer, like the firm he represented, was a good friend to nurses and to nursing journals. We sincerely regret his passing.

Book Reviews ★ ★ ★ ★ ★ ★ ★ ★

PRACTICAL EXAMINATION of PERSONALITY and BEHAVIOUR DISORDERS in Adults and Children, by KENNETH E. APPEL, M.D., PH. D., Sc.D., Assistant Professor of Psychiatry, Medical School, University of Pennsylvania and Edward A. Strecker, M.D., A.M., Sc.D., Professor of Psychiatry, Medical School, University of Pennsylvania. Published by the Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ont. 219 Pages. Price, $2.00.

This book is primarily intended for the use of medical students and general practitioners as an aid in examining psychiatric patients, adults as well as children. Nevertheless the authors point out that it may also be used to advantage by teachers, parents, personnel advisors, and educational counsellors. Strangely enough no reference is made to its potential usefulness as a reference book for nurses and we can only conclude this omission is due to a regrettable oversight. To public health nurses this book would be specially valuable since it gives excellent instruction concerning the study and observation of children. Instructors in schools of nursing should carefully examine the chapter entitled: "The emotional health of the medical student; a questionnaire for self-study." Some modification of this questionnaire would certainly be useful in dealing with student nurses who have sustained emotional shock as a result of their contact with sick people.

A GENERAL HISTORY OF NURSING, by LUCY RIDGELY SEYMER, M.A. (Oxon), S.R.N. The present edition of this work has been revised for American publication by Nina D. Gage, M.A., R.N., President of the International Council of Nurses, 1925-1929. Published by The Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ont. Illustrated. 287 Pages. Price, $2.75.

We make no apology for again bringing this excellent book to the attention of our readers. Canadian nurses who plan to attend the International Congress of Nurses in July could in the intervening months, greatly enhance the interest and value of the international contacts which the occasion offers if they studied this book as they would a map and guide. Nurses from every continent and from most of the countries of the world will take an active part in this Congress. You will enjoy seeing them in action all the more if you know something of the national and professional environment in which they do their work.

THE NORMAL DIET and HEALTHFUL LIVING by W. D. SANSUM, M.D., Chief of the staff of The Sansum Clinic, Santa Barbara, California, and R. A. Hare, M.D., and Ruth Bowden, B.S., Dietitian. Published by The Macmillan Company of Canada, 70 Bond St., Toronto 2, Ont. 233 Pages. Price, $2.00.

Essential foods and the purposes they serve, the physiology of digestion and absorption, the use of foods within the body, elimination, underweight, overweight and many other subjects are discussed in the light of clinical experience and modern research and in simple language.

THE BLOODLESS PHLEBOTOMIST

This little booket is distributed free of charge to registered nurses by the Denver Chemical Company 163-167 Varick Street, New York City, N.Y., U.S.A., manufacturers of "Antiphlogistine." It is only informative but entertaining and has some excellent illustrations of ancient medical procedures which might be used in teaching the history of nursing. Copies may be obtained by writing to the address given above.

DEPARTMENT OF PUBLIC HEALTH NURSING

Can you qualify?

CAMERON A. WARREN, M.D.,
Medical Officer of Health, York Township, Ont.

What qualifications should a nurse possess who undertakes the responsibility of giving her time, energy, and the best part of her life, to the welfare of her fellow citizens? First of all she must have good health. We cannot do our best for ourselves of our fellow man unless we have a goodly share of good health. She must give proof of first-class academic qualifications. This includes a sound elementary and secondary school education with as generous and full knowledge of the English language and literature as can be secured by studies outside of the school curriculum. She must have taken the best possible course in a School of Nursing. The best school that can be found should be chosen. This course should include good training in all the elementary professional subjects and as much clinical experience as can be secured.

Following this, a course in practical field work, preferably in a large city first, then in areas adjoining large cities and later in a small town. This practical training should be under the guidance of an experienced nurse who has lived through it all—yet still lives. This experience includes meeting and studying Municipal Administrators, Public Health bodies and Voluntary Aid Societies.

Her personal qualifications must include a knowledge of human nature and kindness. She must show sympathy with those in distress, but this sympathy must not run away with good judgment. She must be willing to co-operate. This state of mind must be cultivated particularly in listening to the ideas and plans of voluntary aid bodies or their representatives. Try not to antagonize. Find some good in everything. Be a leader in all good work and be full of ideas yourself. Express an idea yourself but try to get the other person to think it is his or her idea, and thus to accept it. Keep your helpers busy and so stimulate their interest. Let your criticism be always constructive, not destructive.

With all these delightful characteristics of kindness and sympathy do not forget the quality of firmness when a question of right or wrong arises. There must be no yielding when the regulations as laid down by Public Health Authorities are in question.

Even when the public health nurse has all these qualifications and takes hold of her work she often finds that she must depend entirely on her own resources and inventiveness for her success. I have not yet indicated the officials she is bound to meet in her round of duties. May I mention first the Medical Officer of Health of the municipality in which she is located. He should be her best friend and advisor and should be consulted in any difficulty. The next person of importance is the family doctor. He should be her good friend and consultant. (Do I hear someone remark that this is not always so?) I feel that a personal acquaintance is necessary and not only a telephone acquaintance. In case of a difference of opinion, and this is so often

due to misinformation given by a patient or at least a third person, an immediate consultation should be held and the truth determined. Besides these individuals the departmental officials of the Municipality must be conferred with, but in all matters involving diagnosis have the family doctor or the Medical Officer of Health assume full responsibility.

Encourage the formation of a non-professional advisory committee from among the best type of citizens available. Try to determine the best person in the district to head that Committee and do nothing in a hurry or without definite and considered plans. This committee or group of public spirited citizens, both men and women, can be of invaluable service to you in upholding standards, in securing increased financial help or in preventing a reduction of financial help and in securing public approval for new projects. It is not necessary that this Committee be concerned with the details of nursing but it should be organized to help the nurse in any way she may desire.

The nurse should be a leader in every movement for the public good and, beside the care of the sick, her most important work is the promotion of health education at every opportunity. Every visit she makes must have its effect even though the results, at times, may be discouraging. May I quote here what a patient once told me about the student nurse who was caring for her: "She never makes a move but it counts for some good."

Opportunities for stimulation of health education may be found in the seven services where the nurse functions:

Prenatal care
Nursing care of the sick
Post-partum and neo-natal care
Health supervision of infants
Disease prevention, including tuberculosis, acute communicable diseases and venereal disease control
Health supervision of pre-school children
Health supervision of school children

May I give you two or three facts to remember: In Canada, in 1935, we lost by death 25,000 children under one year of age and 46,000 under five years of age. The cost of sickness in Canada is $300,000,000 per year and we spend only $6,000,000 on the prevention of disease. Am I, as a Medical Officer of health, and are you, as a Registered Nurse, doing the best we can in this important work?

By way of conclusion, here are the qualities of a good public health nurse:

She is a graduate of a recognized training school.

She is a graduate of a University Public Health Nursing School.

She should have ability to pass on to her families the health knowledge which she has acquired.

She must have a great deal of enthusiasm in her work—not make a mere routine job of it.

She should be that type of personality which inspires confidence.

She should be co-operative and tactful in her relationships with her patients and co-workers.

She should have complete knowledge of all health and social welfare facilities in the community and how to use them. She should use every opportunity to take advantage of these facilities.

She should embody as far as possible those principles of personal hygiene which she teaches.

She should try to be as up-to-date as any other professional woman, without being conspicuous. She should try to keep up with boks, and world events, so that she may not become narrow and merely a nurse. Her personal appearance should be as smart as her salary and responsibilities will allow.

*An address given before the Registered Nurses Association of Ontario, April 17, 1936.

DEPARTMENT OF Private Duty Nursing

The duties of Visiting Homemakers

In a letter addressed to the editor, Miss Eunice Dyke gives an interesting sidelight on the functions of auxiliary nursing personnel. She says: "The Visiting Homemakers Association continues to be a useful forum in Toronto for consideration of community services of varied purpose and type. The accompanying experimental statement of staff duties for use in the homes by its workers seems to deal adequately with difficult situations. The use of the phrase 'personal care' seems to clarify the distinction between 'nurses' and 'practical nurses' as well as dealing with the extensive services to patients which are desirable as a part of the responsibility of the visiting homemaker."

The statement to which Miss Dyke refers is quoted in full because it does give a clear picture of what may reasonably be expected of the visiting homemaker. It must be remembered that these women work under competent supervision and that their relationship to professional nurses is carefully regulated.

Hours of Duty: The hours of duty are from 8 in the morning till 6 at night except on Saturday when she is free at 1 p.m. Variations in hours may be arranged with the supervisor. When there are only young children, there must be definite arrangements for care if there is a gap between the hours of the father and the hours of the homemaker.

In the event of an emergency which would leave the children without supervision, the Association will take responsibility.

The homemaker is entitled to a free hour during the day for rest or relaxation.

Unless there is a real necessity, the homemaker will not be on duty Saturday afternoon, on Sunday, or on statutory holidays.

Duties: A mother will benefit most from the homemaker's services if she will allow her to take full charge of the house and children.

It is recognized that the emergency which requires the services of the homemaker will add to the home responsibilities of the father and older children.

The homemaker is qualified to help the family in the spending of money and the shopping. She will plan nourishing meals, considering as far as possible the likes and dislikes of the family, but cannot give the foods which are against the instructions of the doctor or nurse, or are harmful to the children.

The homemaker should be responsible for orderly meals and supervise the behaviour of the children.

The homemaker does the washing for the infant, for the pre-school children and what is necessary for the patient. The homemaker does not do the family wash, but she can usually manage the ironing. She will see that the children are properly dressed and do as much mending as time allows.

The homemaker keeps the house dusted and tidy, and mops the floors, but does not scrub or do heavy cleaning.

The homemaker should take the children out with her if she considers it advisable. During fine weather, outings should be planned as often as possible.

The supervisor may always be called in to discuss any special situation.

Care of Patient: If there is illness in the home a nurse from the Department of Public Health, the Victorian Order of Nurses, or the St. Elizabeth Visiting Nursing Association, will visit the home in order to

decide whether the patient needs the services of a qualified nurse or is safe with the personal care which can be given by the homemaker. The homemaker can give treatment or medicine where there is an order written and signed by a doctor or nurse.

Where it does not interfere with the proper care of the children or home, the homemaker may go with a child or patient to the clinic, but must make the arrangement with the supervisor's office of beforehand.

There is now a healthy tendency toward the co-ordination of the work of professional and non-professional workers. An important factor in this delicate task is the definition in simple terms, of the proper functions of each group. The Visiting Homemakers Association is to be congratulated on its concise statement of the service the public may expect from its workers.

Welcome Home

Just as the *Journal* goes to press we have received the following interesting communication from Miss Helen E. Wills, Registrar of the Saskatchewan Registered Nurses Association:

I have been instructed by the Council of the Saskatchewan Registered Nurses Association to ask you to make the following announcement in the *Journal*: The Saskatchewan Registered Nurses Association is pleased to announce the appointment of Miss Kathleen W. Ellis, as Training School Advisor, Secretary-Treasurer and Registrar for the Province of Saskatchewan. Miss Ellis will commence her duties on March 1st, 1937.

The return of Miss Ellis to Canada will be hailed with pleasure by Canadian nurses in general and with special satisfaction by the nurses of the Western Provinces. Miss Ellis brings to her new position a wealth of knowledge and experience in the fields of nursing service, administration and education. She is a native daughter of British Columbia and served successively as Director of Nursing Service and Principal of the School of Nursing of the Vancouver General Hospital and the Winnipeg General Hospital. For the past year Miss Ellis has been doing postgraduate work in the Department of Nursing Education, Teachers College, Columbia University, New York. She had previously taken the course given under the auspices of the League of Red Cross Societies at Bedford College, London.

Saskatchewan is indeed fortunate to have secured the services of such an outstanding Canadian nurse and educator.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Dominion Registration

WITH annual meetings of several provincial associations of registered nurses scheduled to be held within the next month, reference is here made to Dominion Registration for Nurses in Canada. This subject, being vital to every nurse, will no doubt be included in the programmes of annual meetings. It should be presented in detailed form by one or more well-informed members, with an opportunity for explanation, so that the individual nurse may thoroughly understand the implications of such a measure in relationship to herself and to existing control of registration as well as to nurses of the future and the means by which there may be eventually one standard of registration throughout the Dominion.

Recommendations made in the "Survey of Nursing Education in Canada" are authoritative in construction and are readily adaptable to any scheme for federal registration of nurses. The wide distribution of that Survey throughout the Dominion is an ever-present assurance to the Canadian Nurses Association that a sound basis for the study of Dominion Registration is readily available to all nurses. The study and promotion of this activity have progressed to a certain point and the course for future development is definitely emphasized in the following quotations:

1. A resolution adopted at the General Meeting of the Canadian Nurses Association in 1936:

> Whereas the principle of Dominion Registration has been re-endorsed by the Provincial Associations;
>
> And whereas it is deemed advisable to allow further time for more intensive study by the Provincial Associations and nurses in general, before action is taken by the Canadian Nurses Association;
>
> *Therefore be it resolved*:
>
> (a) That the Committee on Dominion Registration for Nurses in Canada be reappointed and asked to clarify its report in the light of both discussion and the resolutions referred to it at the general session of the Biennial Meeting, July 3, 1936;
>
> (b) That, in order to secure definite recommendations from each Provincial Association, the Report as clarified be submitted by the Committee to the Provincial Associations for study prior to their annual meetings in 1937;
>
> (c) That, in order to allow time for adequate consideration of the Report before the Biennial Meeting in 1938, the Committee be asked to submit its final report to the Executive Committee of the Canadian Nurses Association by December 1, 1937;
>
> (d) That the Provincial Associations be asked to consider the suggestion of extending an invitation to a member of the Committee to discuss the question with them.

2. An excerpt from the President's article, entitled "Marching Orders" as published in *The Canadian Nurse*, September, 1936 reads as follows:

> The study of Dominion Registration is to be continued. Several Provincial Associations acknowledged candidly that the report of the Committee referred to them in January, 1936, and published in the *Journal* in the April issue, had not been seriously studied, a fact which was deplored. Individual nurses, too, begged, further time in which to be sure of the proposed organisation and all its implications. Delay was, therefore, considered

wise. It is urged that Associations now acquaint themselves with the proposed plan and study it in particular relation to their Province. Send criticisms and suggestions to the Committee. They will be welcomed. Ask for information. It will be willingly given. Any plan which is to work smoothly and prove satisfactory to each of the nine provinces requires much thought and careful preparation. Do your part to work it out. Definite action should be assured at the next Biennial Meeting.

Membership

It has become customary to report in the March issue of the *Journal*, the membership of the Canadian Nurses Association, which represents the total membership of the nine provincial associations of registered nurses for the previous year. The present membership of the National Organization is 12,503—indicating an increase of eight per cent for the past year. The honours go to the Registered Nurses Association of Prince Edward Island with an increase of sixty per cent, while the Manitoba Association of Registered Nurses records a gain of thirty-five per cent.

The International Council

The International Council of Nurses is an affiliation of national associations of nurses, the status of which meets the membership requirements of the Council. At present the Council is composed of twenty-nine national associations, representing over 181,000 nurses. The International Council of Nurses holds a Congress every four years. In the interval between Congresses, the Board of Directors is responsible for the conduct of business. That Board consists of the officers of the Council and the Presidents of the national member organizations. The voting body at each Congress is the Grand Council which is composed of the Board of Directors and four delegates appointed by each member organisation. The next Congress is to be held in London, England, in July, 1937, from the eighteenth to the twenty-fourth, inclusive. The hostess organisation will be the National Council of Nurses of Great Britain.

It is anticipated that the Canadian Nurses Association will be well represented at the Congress. Thos. Cook and Son, Ltd., who gave efficient service as official travel agents to Canadian nurses who attended the Congress in 1933, have again been appointed official travel agents by the Association.

The dates of sailing for the official party are: July 9, from Montreal, on the S.S. Duchess of Richmond, and July 10, from Quebec, on the S.S. Empress of Britain. Enrolment of members has progressed so satisfactorily that by February 15, the Association was able to meet the conditions of its option on reserved steamship space. This means that for a limited period, the Association may retain reservations allotted by the Steamship Company in October last. Also, as there has been a greater demand than anticipated for Third Class space on the Empress of Britain, an option on a further allottment of space has been secured for several weeks.

A booklet of Official Congress Tours has been issued by Thos. Cook and Son, Ltd. This booklet, attractively illustrated, outlines numerous post-congress tours as well as several short visits in Great Britain and to Vimy prior to the Congress. All the Official Tours will be accompanied by expert tour managers from Cook's staff. Applications to enrol with the Official Tour Party should be made without delay to the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal, Que.

Lucy Eleonora Moore

1887-1937

THE nurses of Canada will be grieved to learn of the sudden death of a one-time officer of the Canadian Nurses' Association—Miss Nora Moore. Born in St. Catharines, the only daughter of the late Canon and Mrs. Robert James Moore, Miss Moore, while quite a young child, went to Toronto with her parents when her father was appointed to the Church of St. George the Martyr. She received her early education under a governess, and later at Bishop Strachan School, Toronto. She then entered the School for Nurses in connection with the Hospital for Sick Children, took her affiliated training in the Brooklyn Heights Hospital, Brooklyn, New York, and graduated in 1911. In 1912, Miss Moore was appointed to the staff of the Division of Public Health Nurses, Department of Health, Toronto, where she served until her sudden death on the 17th of January, 1937.

During her twenty-five years of service, there were two short intervals of leave—one during the period of the Great War, when she went to England to be near a young brother who was wounded and died in the battle of the Somme. During the days of anxious waiting for this brother who was first reported missing, she gave voluntary service to the Maple Leaf Club in London. The other period of leave was in 1921-22, when Miss Moore was a student at Bedford College, London, England.

Miss Moore's outstanding work in the service of the Department of Health, was as a staff nurse, when she organized the Division of Infant Welfare, as Associate Director to which position she was appointed in 1924, and latterly as Director of the Division of Public Health Nurses. During the four years as Director, in spite of increasing demands due to financial depression and increased population, and with little increase in staff, she was able to maintain the high standard of efficiency which has distinguished this service for many years.

Because of her happy disposition, her dignified reserve and modesty, and her honesty of purpose, she enjoyed the confidence and co-operation not only of a large professional staff, but also that of many institutions closely allied with the work of the Department of Health.

Miss Moore also had a deep sense of professional obligation and gave service to the Canadian Nurses Association in the capacity of Honourary Secretary and to the Public Health Nursing Section of the Canadian Public Health Associa-

tion as Secretary, in addition to her work on many important committees.

In the sudden termination of this useful life, the nursing profession of Canada sustains a great loss.

J. I. G. and *E. M. D.*

The souls of the righteous are in the hand of God, and no torment shall reach them.

In the eyes of the foolish they seemed to die, and their departure was accounted for the hurt.

And their going from us was taken to be their ruin; but they are in peace.

David Alexander Stewart

On February 16, 1937, the day after his sixty-third birthday, David Alexander Stewart entered into rest. His beloved wife, Ida Kate Bradshaw, died only a short time ago and of them it may truly be said: *They were lovely and pleasant in their lives and in their deaths they were not divided.*

Nurses were welcome guests at the hospitable fireside of this great physician and this noble nurse. There was always food for body and mind and spirit. No one went away without being touched by what Dr. Stewart himself called "the spirit of the place." That spirit is still there and will be as long as the Sanatorium endures.

Dr. Stewart's contribution to the prevention and cure of tuberculosis was unique. Because of it he was justly called "Manitoba's greatest citizen." But this was not all: the man himself was greater than his work. His many-sided personality was quick to respond to art, to literature and to philosophy. He and his wife lived life to the full in spite of physical suffering which would have broken most of us. His sister, Isabel Stewart, has said that these lines taken from "Pandora's Song," in William Vaughan Moody's poem, "The Fire Bringer" best express the way of life of this man and of his wife:

Of wounds and sore defeat,
I made my battle stay,
Winged sandals for my feet,
I wove of my delay.
Of weariness and fear
I made my shouting spear.
Of loss and doubt and dread
And swift oncoming doom,
I made a helmet for my head
And a floating plume.
From the shutting mist of death
And the failure of the breath
I made a battlehorn to blow
Across the vale of overthrow.
Oh harken love! the battlehorn,
The triumph clear, the silver scorn
O harken! where the echoes bring
Down the grey disastrous morn
Laughter and rallying.

Obituary

COOK—Miss Esther M. Cook, Superintendent of the Toronto Hospital for Incurables for the past twenty-one years, passed away on Sunday morning, January 24, 1937, after a brief illness. Miss Cook was a graduate of the Training School in connection with the Toronto Hospital for Incurables and afterwards took a postgraduate course in Bellevue and Allied Hospitals, New York City, where she remained on the staff for eight years,—two years of which was in the capacity of assistant superintendent.

During the period in which Miss Cook was Superintendent of the Toronto Hospital for Incurables, the community which she called her 'family' had grown from 145 to 365 patients, and she was greatly beloved by them as well as by the staff of two hundred nurses and employees and was held in the highest esteem by the President and Members of the Board of Management. Mere words cannot express the feeling of grief throughout the Hospital. Of Miss Cook it can truly be said: *Her good works do follow her.*

GILLIS—The death occurred on November 21, 1936, at the County Hospital, East Saint John, of Lillian Gillis, a graduate of the School of Nursing of the Victoria Public Hospital, Fredericton, N.B.

HARTLEY—On October 4, 1936, the death occurred, at her home in Toronto, of Dorothy Hartley, a member of the class of 1932 of the Schol of Nursing of the Riverdale Isolation Hospital, Toronto.

McNEILL—On Sunday morning, January 10, 1937, at the Toronto Western Hospital, there passed away one of the pioneer nurses of Toronto, Miss Janet McNeill, Miss McNeill, who was the daughter of Archibald and Mary K. Forrest McNeill, was born in the Township of Clark, and graduated from the Riverdale Hospital, Toronto, in June, 1903. Following graduation, she held positions for short periods at the hospitals in Gravenhurst, Copper Cliff and at Fort William, where she organized an emergency hospital for typhoid in 1906. She then engaged in private duty nursing, in which she was unusually successful. On March 6, 1913, she was appointed to the staff of the Department of Public Health, Toronto, to do tuberculosis work. When the staff was re-organized to do generalized work in 1914, she was transferred to the district where she remained until two weeks before her death.

Miss McNeill not only assisted in the development of public health nursing in Toronto, but also played an active part in raising the standards of her own profession. She assisted in the organization of the Central Registry of which she was a member of the Board, representing her own hospital Alumnae. She was also active on committees connected with the Graduate Nurses Association of Ontario, now the Registered Nurses Association.

Her death brings a loss to the profession and to the organization of which she was a member, but it is as a person that we shall miss her most. The keynote of her life was loyalty and service, and her personality exerted an ennobling influence upon all with whom she came in contact. She will be greatly missed by her coworkers, to whom she was a constant inspiration to live more unselfishly, and by her patients whose lives are fuller and richer because of her stay among them.

REICKER—The death occurred recently at the Saint John General Hospital, of Miss Hazel Reicker, a graduate of the School of Nursing of the Saint John General Public Hospital, and a member of the class of 1927.

VAN CAPPENOLLE—On January 13, 1937, the death occurred of Mrs. Van Cappenolle (née Mary Frances Beale), a member of the class of 1921 of the School of Nursing of the Riverdale Isolation Hospital, Toronto.

tion as Secretary, in addition to her work on many important committees.

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HARTLEY—On October 4, 1936, the death occurred, at her home in Toronto, of Dorothy Hartley, a member of the class of 1932 of the Schol of Nursing of the Riverdale Isolation Hospital, Toronto.

McNEILL—On Sunday morning, January 10, 1937, at the Toronto Western Hospital, there passed away one of the pioneer nurses of Toronto, Miss Janet McNeill, Miss McNeill, who was the daughter of Archibald and Mary K. Forrest McNeill, was born in the Township of Clark, and graduated from the Riverdale Hospital, Toronto, in June, 1903. Following graduation, she held positions for short periods at the hospitals in Gravenhurst, Copper Cliff and at Fort William, where she organized an emergency hospital for typhoid in 1906. She then engaged in private duty nursing, in which she was unusually successful. On March 6, 1913, she was appointed to the staff of the Department of Public Health, Toronto, to do tuberculosis work. When the staff was re-organized to do generalized work in 1914, she was transferred to the district where she remained until two weeks before her death.

Miss McNeill not only assisted in the development of public health nursing in Toronto, but also played an active part in raising the standards of her own profession. She assisted in the organization of the Central Registry of which she was a member of the Board, representing her own hospital Alumnae. She was also active on committees connected with the Graduate Nurses Association of Ontario, now the Registered Nurses Association.

Her death brings a loss to the profession and to the organization of which she was a member, but it is as a person that we shall miss her most. The keynote of her life was loyalty and service, and her personality exerted an ennobling influence upon all with whom she came in contact. She will be greatly missed by her coworkers, to whom she was a constant inspiration to live more unselfishly, and by her patients whose lives are fuller and richer because of her stay among them.

REICKER—The death occurred recently at the Saint John General Hospital, of Miss Hazel Reicker, a graduate of the School of Nursing of the Saint John General Public Hospital, and a member of the class of 1927.

VAN CAPPENOLLE—On January 13, 1937, the death occurred of Mrs. Van Cappenolle (née Mary Frances Beale), a member of the class of 1921 of the School of Nursing of the Riverdale Isolation Hospital, Toronto.

A Canadian in London

ELIZABETH SAGE,
Canada's "International Student,"

This first trip to the Old Land in my capacity as a student under the auspices of the Nightingale Memorial Foundation has been an exciting and interesting adventure. Everything is so very different from our Canadian West, perhaps my most startling first impression was in regard to the English countryside—small square fields bordered by fences, usually stone, or hedges, presenting an immaculate toy-like appearance—all such a contrast to our vast expanses of forest and wheat fields.

Arriving at 15 Manchester Square, one is given such a cordial reception, and even the atmosphere of the house seems to extend a welcome. There is certainly no feeling of being a stranger in a strange land. The students this year came from Norway, Sweden, Finland, Denmark, Latvia, Bulgaria, Czechoslovakia, Austria, Siam, South Africa, New Zealand, United States, Great Britain, The Irish Free State, and Canada. One cannot but feel the utmost admiration for students from other lands, who learn our language, and successfully take lectures, which cause most of us a few worried moments.

Lectures are taken at Bedford College and the College of Nursing. For those of us who are taking public health, the lectures are all given at Bedford College, delightfully situated in Regent's Park. We shall all carry away pleasant memories of Bedford: the buildings, appearing at times faintly through the grew mist and again clearly in the sunshine, the lovely old trees, the flowers, the lake with the flocks of birds circling over it, and the genial traffic policeman who sees us safely across the street.

Our first six weeks were spent observing. The students who are taking hospital administration did a tour of various London Hospitals, and the public health students spent several weeks in a London Health Centre, and then two weeks in a rural centre. It was all most interesting and the comparison of notes by the various students was of great value. Our practical work in London as public health students allowed us to see a London that as ordinary visitors we could not have seen.

The ten weeks of Michaelmas Term were busy ones—attending lectures, attempting to make an impression on the reading assignments, writing essays and doing practical work. Each Monday afternoon a visit of observation is paid to some interesting centre—at times a hospital, again a school for deaf girls or blind boys, slum clearance areas and housing projects, and various health centres. Sometimes we go by bus, and again on foot. At times the trips are short, and we are back for tea. How quickly one develops the desire for the afternoon cup of tea, and what a dismal world it is, if one is unavoidably deprived of it. Sometimes on cold, rainy, windy afternoons, hats would blow off, faces got dirty, but nevertheless we all enjoyed it. One of the most unsettling things about London, on days such as this, is to catch a glimpse of one's face in a window and discover a smudge of soot across nose or cheek.

Two particularly pleasant excursions were made in the first term. The first was to the Papworth Village Settlement in Cambridge. To all who have read Warwick Deeping's novel, "Smith," the place seems to have the added attraction of having provided the setting for the

story. Incidentally, all royalties from this book have been turned over to Papworth. The second trip was to the Lord Mayor Treloar Cripples' Hospital at Alton, Hants. This is a voluntary hospital of 300 beds, which admits crippled children up to the age of sixteen. On both days the weather man smiled on us and we saw the English countryside at its best.

One morning a group of us got up early to go to Covent Gardens to see the Flower Market. By six o'clock it was like a beehive, and never will I forget the sight—long aisles banked high with flowers of every shape, colour and hue. Men weaving in and out of the crowd with six or eight wooden boxes of flowers on their heads, people coming to buy, and people leaving, laden down with flowers and holly. Possibly the most interesting flower was the Christmas Rose of which we had heard so much but had never seen. It rather resembles a wild Canadian rose in shape, but is larger, snow-white and has a peculiar wax like quality. It is so perfect that one wonders if it can be real.

UP AND COMING

The best proof of the vitality of a school is steadily growing enrolment. The School for Graduate Nurses of McGill University now has an enrolment of twenty-eight regular full-time students, eleven of whom are taking the course in teaching and supervision, and eighteen the course in public health nursing. Two nurses are taking a special course in health education. But these students are not the only seekers after knowledge. Last year thirty-one nurses registered as partial students in the course offered in teaching and supervision. This year there were seventy-five. This enrolment is composed of supervisors in charge

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of nursing departments, head nurses in charge of wards, and general duty nurses. They represent the following hospitals: The Montreal General Hospital and its Western Division, Royal Victoria Hospital, Montreal Neurological Institute, Alexandra Hospital, Shriners' Hospital, Children's Memorial Hospital, Jewish General Hospital, Homoeopathic Hospital and St. Mary's Hospital.

The McGill School for Graduate Nurses is fortunate in having at its disposal facilities which enable it to offer exceptional opportunities to nurses who wish to prepare themselves for leadership in the nursing field. The University itself, especially through its famous School of Medicine, provides teachers of outstanding ability. Students are permitted to use the University libraries and may enjoy the mental stimulus of contact with men and women who are studying in the University along other lines. In addition to academic privileges, hospitals and schools of nursing in Montreal have generously placed their resources at the disposal of the School. Nowhere else in Canada is there a better field for observation and practice under skilled direction for young women who wish to qualify as teachers or supervisors of nurses. Both clinical and teaching facilities are excellent.

PROVINCIAL MEETINGS

Annual Meeting in Manitoba

The annual meeting of the Manitoba Association of Registered Nurses took place on January 29, 1937, in the Legislative Building, Winnipeg. The president, Miss Sadie Wright, presided over the sessions. Miss Gertrude Hall, secretary-treasurer, reported that 183 nurses wrote full examinations during the year, 24 wrote supplementals and 159 passed clear. Pins and diplomas were granted to 177 who applied for membership. She reported the receipts for the year as $6,560.91 and disbursements $5,559.04. The registrar, Miss Pearl Brownell, reported that due to the work of the private duty section and with the almost unanimous approval of the association, the eight-hour day ruling was set before the local hospitals and endorsed by them on December 15, she also reported an increase in work as the effect of this change. The nurses' directory filled 4,494 calls last year, and 103 graduates and 17 undergraduates have joined the registry. Receipts amounted to $2,804.17 and disbursements $2,605.84. Miss Jean Roberts reported on social activities and Miss Lois Kelly reported on *The Canadian Nurse* magazine.

Membership has shown an increase with 565 renewals and 177 new applications; Miss Phoebe Anderson, is convener of this committee. Miss Jessie Stothart, of Dauphin, reported on the new association there. The Brandon association was reported on by Mrs. L. Fletcher, who, with Miss Christine McLeod, attended the meeting. Brief reports of the year's activities were given by representatives, as follows: the Local Council, Mrs. Helen Fraser; the Central Council of Social Agencies, Miss Florence Robertson; the Victorian Order of Nurses, Miss Elizabeth Russell; the Red Cross, Miss R. Dickie. Miss Ina Broadfoot announced the receipts in the charity fund as $153.08.

Miss Sadie Wright in her presidential address, reviewed the year's events, and pointed out that the chief aim of the Association is to establish a training school adviser. She urged the need of increasing membership. The report of the nominating committee was unanimously adopted by the meeting and the officers chosen are: President, Miss Edith McDowell; first vice-president, Miss Elizabeth Russell; second vice-president, Miss Ina Broadfoot; third vice-president, Sister Krause, honorary secretary, Miss Agnes Baird; board members, Misses Jessie

Stothart,; Tryphena Wiggins, Dora Muir, Katherine Day, Jessie Morrison, Jean Archibald, Mabel Wilkins and Sister St. Irma. Conveners of sections are: nursing education, Miss E. Mallory; public health, Miss Broadfoot; private duty, Miss Alma McIntyre. Conveners of committees; directory, Miss Mabel Wilkins; social ,Miss K. McLearn; sick visiting, Miss Margaret Baldwin; press, Miss Lois Kelly; membership, Miss Phoebe Anderson; library executive secretary, finance, Miss R. Dickie; representative to the Central Council of Social Agencies, Miss Florence Robertson; to the Victorian Order of Nurses, to be chosen by board; to Red Cross enrollement, Miss Nora O'Shaughnessy; to *The Canadian Nurse*, Miss Pearl Brownell; to the Local Council, Mrs. Helen Fraser. The programme included an address entitled "Newer treatment for gonorrhea in children," given by Miss Mary Wilson, St. Boniface Hospital. Miss C. Dawson, medical supervisor in the Winnipeg General Hospital, spoke on "Propamine Isnulin." A practical demonstration of home nursing technique was given by Miss Julia Moody, of the Margaret Scott Mission. A dinner meeting brought the annual meeting to a close, and Dr. H. C. Grant was guest speaker, his subject being, "Public opinions on Social Programmes."

ANNUAL MEETING IN QUEBEC

The seventeenth Annual Meeting of the Association of Registered Nurses of the Prov. of Quebec is actually in session as the *Journal* goes to press. All that can be done in this issue, is to say that the meeting got off to an excellent start. Immediately preceding the initial business session, a delightful dinner was arranged at which Dr. J. H. A. Paquette, the newly appointed Minister of Health for the Province of Quebec was a guest of honour and chief speaker. Dr. S. Boucher, Director of the Department of Health of the City of Montreal, introduced the audience to the Minister who, by a happy coincidence, was once his own pupil. In the course of a delightfully witty speech, Dr. Paquette gave ample proof that he has a genuine respect for nurses and that he looks upon them as useful collaborators in the field of health and social welfare. He gave high praise to the Nursing Sisters with whom his military service in Serbia and elsewhere had brought him into contact. It was quite evident that the Minister clearly understands the important influence which may be exercised by well organized and enlightened professional groups. He urged the Association to strive for unity of purpose and "to speak with a single voice". The President of the Association, Miss Caroline M. Barrett was the gracious hostess of this happq event.

The business session which followed was full of interest. Excellent reports were presented to which more extended reference will be made in the April issue of the *Journal*.

A CORRECTION

Miss Helen Randal wishes to correct an error made in the announcement of the appointment of Miss Isabel Harvey to the position of Superintendent of Neglected Children for British Columbia which appeared in the February issue of the *Journal*. Miss Harvey is not a nurse and the letters "R.N." were placed after her name by mistake. Miss Harvey has been connected with the Child Welfare Department for many years and brings a wealth of experience to her new position.

A typographical error was also made in the same announcement by the omission of the word "Vancouver". The sentence in question should have read thus:

"The Metropolitan Area under this organization included the City of Vancouver; North Vancouver; Richmond; and the University area of Point Grey."

The *Journal* regrets these errors and is glad to correct them.

Coming Events

Alberta Refresher Course

Under the auspices of the Alberta Association of Registered Nurses and the Provincial Department of Public Health, a refresher course for graduate nurses will take place in the Medical Building, Edmonton, March 22 to 25, inclusive. An interesting programme is being prepared consisting of lectures, discussion periods and demonstrations in the local hospitals. Programmes may be obtained by applying to the Secretary of the Registered Nurses Association, Mrs. A. E. Vango, 11109-83 Ave., Edmonton, Alta.

British Columbia

The Annual Meeting of the Registered Nurses Association of British Columbia is to be held April 2nd and 3rd, 1937, in Vancouver at the Hotel Georgia. It is to be specially noted that this is the Twenty-fifth Anniversary of the Association.

Annual Meeting in Ontario

Miss Matilda E. Fitzgerald, executive secretary of the Registered Nurses Association, has requested the Journal to announce that the Registered Nurses Association of Ontario are holding their twelfth Annual Meeting in London, Ontario, on March 31, April 1 and 2, 1937. The general sessions are dealing mainly with business intimately related to the work of the Association, such as Dominion Registration for Nurses, presented by Miss Edith M. Dickson, Convener of the National Committee, and the Proposed Curriculum for Schools of Nursing presented by Miss Marion Lindeburgh, Convener of the Curriculum Committee.

There will be a general meeting on Orthopedic Nursing when Miss Marion Ballantyne, Orthopedic Supervisor, Visiting Nurses Association of Brooklyn, N.Y., will give an address on this subject as well as a demonstration on "Home Care of Orthopedic Patients." For the open meeting the Association has much pleasure in announcing that Dr. Robert Wallace, Principal of Queen's University, Kingston, will be the guest speaker. Dr. Wallace, as an educationalist having a knowledge of nursing and nurses, is well fitted to interpret to the public how best to meet the nursing needs, and present the subject "Nursing in a Changing World." One of the very interesting events will be the banquet when Mr. James Spenceley, Professor of English of the University of Western Ontario, will give an address entitled "Robinson Crusoe in a New Light." This address on a great Anglo-Saxon book is very delightful and one that every member will want to hear.

Membership in the Association is showing a marked increased and the 1937 meeting, in London, should not only display the keen interest of the nurses throughout the Province, in all questions relating to the Association, but also register the largest attendance since the Association was organized in 1925.

When you are in London

The College of Nursing should be a port of call for every Canadian nurse who attends the Quadrennial Congress of the International Council of Nurses which is to be held in London this summer. Founded in 1916, the College now possesses a fine building facing on Cavendish Square and equipped with an excellent library and good class rooms. Adjacent is the Cowdray Club which offers comfortable accommodation to nurses and other professional women. Both these buildings were donated by the late Lord and Lady Cowdray. As well as carrying on a comprehensive educational programme, the College has sponsored several projects which have materially improved the economic status of nurses. The President of the College, Miss D. S. Goode has summarized these in her recent descriptive article, published in the *International Nursing Review*:

1. The publication of a recommended minimum scale of salaries which was used in a campaign against low salaries paid to

the profession amongst the institutions, with the result that sixty-seven per cent raised their salaries and in many cases adopted the College standard;

2. The establishment in 1928 of the Federated Superannuation Scheme for Nurses and Hospital Officers (contributory), which has now been adopted by most of the important voluntary hospitals in the country, and which is regarded as one of the most important pieces of work achieved by the College for the profession. Under this scheme the nurse pays five per cent and her employer ten per cent on the value of her salary and emoluments, towards the provision of a pension which will commence when she is fifty-five years of age.

A cordial invitation is extended by the College to all visitors from overseas and Canadian nurses will certainly enjoys seeing this famous College of which Queen Mary herself is the gracious Patron.

VICTORIAN ORDER ACTIVITIES

Annual Meetings of the Branches of the Victorian Order of Nurses for Canada have recently been addressed by the following speakers:

Orillia: Dr. B. T. McGhie, Deputy Minister of Health for Ontario.

Regina: Dr. S. E. Moore spoke on "Health Insurance and State Medicine."

Kingston: Miss Ethel Johns, editor of *The Canadian Nurse*.

Dartmouth: Dr. Allan McLeod, of Halifax, spoke on "Immunization for Diphtheria and Whooping Cough."

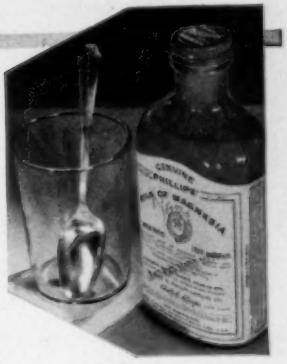
Truro: Dr. H. L. Stewart, of Dalhousie University.

Sherbrooke: Mrs. George Black, M.P.

Burlington: Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health.

Vancouver: Dr. H. Cassidy spoke on "The Provincial Health Programme and the Victorian Order of Nurses".

PHILLIPS'
MILK OF MAGNESIA
in Colds



THE administration of an antacid in the treatment of colds has been recommended by many authors. Equally well established is the elimination produced by a mild laxative.

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DOSAGE
As an antacid—2 to 4 teaspoonfuls.
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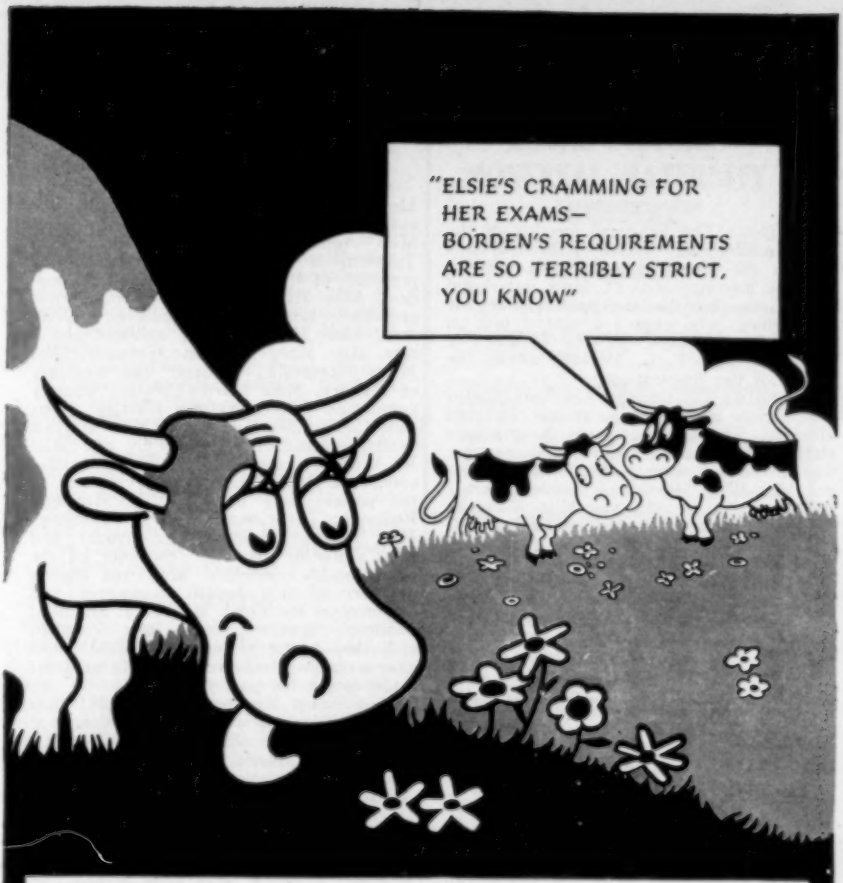
Not long ago . . . a discerning friend . . . sent us a "book order" . . . complete with bookplate . . . showing a ship in full sail . . . which meant that we could choose . . . at our own sweet will . . . We played with enough alternatives . . . to fill a five-foot shelf . . . before finally deciding upon . . . "The Oxford Book of English Verse" . . . Armed with our order . . . we invaded the sanctum . . . of a bored intellectual . . . in a local bookshop . . . whose duty it apparently was . . . to pass upon the validity of our claim . . . "The book you want is out of print" . . . she told us disdainfully . . . "All we have is the Oxford Book of Modern Verse" . . . The word modern . . . was as cold and brittle . . . as an icicle . . . This dashed our spirits . . . but we plucked up courage to ask . . . "Is it very modern?" . . . "Post-Tennyson" was the curt reply . . . "Oh," we murmured, sadly . . . Then she called a young lad . . . who was dusting the shelves . . . and told him to show the lady . . . He got us the book . . . and cleared a little space . . . on the counter . . . so that we could look at it . . . "Maybe it isn't so darned modern" . . . he said with a nice boyish grin . . . "That guy Tennyson has been dead a long time" . . . We looked over the pages together . . . It began well . . . "Trafficked for strange webs with Eastern merchants" . . . "Rooks in families homeward go" . . . Quinquireme of Nineveh" . . . Then we turned to the last few pages . . . and found Louis MacNeice . . . carrying on a strange dialogue . . . with a familiar spirit . . . We glanced at something . . . by Dorothy Wellesley . . . which frightened us . . . and we looked away . . . Then we came upon "I have been faithful to thee, Cynara, in my fashion" . . . That almost decided us . . . but still we wavered . . . All of a sudden . . . we drew a deep breath . . . "Have you found something?" . . . said our eager salesman . . . "Yes, volcanoes," . . . we murmured . . .The poem had haunted us for years . . . we could never quite remember it . . . and here they were . . . Chimborazo, Cotopaxi, Popocatapetl . . . their plumes of smoke . . . all shining in the sun . . . We read a verse . . . in a whisper . . . "The houses, people, traffic seemed . . . thin fading dreams by day . . . Chimborazo, Cotopaxi . . . they had stolen my soul away!" . . . "Wish I could see them" . . . he said in a queer voice . . . "You will see them," . . . we said firmly . . . "probably from a plane . . . perhaps in eruption" . . . Presently he came back . . . with our neatly wrapped parcel . . . "Well, Popocatapetl" . . . we said with a smile . . . But he did not answer . . . "Chimborazo, Cotopaxi . . . had taken his speech away!" E. J.



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NEWS NOTES

MANITOBA

BRANDON: The February meeting of the Brandon Graduate Nurses Association was held at the Mental Hospital and, after a business meeting, Miss D. Muir introduced Mrs. I. A. Pincock, the guest speaker of the evening, who gave a delightful talk on "Humanitarian work of the League of Nations"; Miss E. G. McNally voiced the thanks of the Association.

DAUPHIN: The Dauphin Graduate Nurses Association met recently at the Dauphin Hospital. The hostesses were the graduate staff of the Hospital, and a delicious supper was served with twenty-nine members present. Mrs. W. J. Harrington was in the chair and the guest speaker was Miss Elizabeth Russell, Director of the Public Health Nursing Division of Manitoba. She gave a resumé of public health in Manitoba over the past twenty years, and also an account of a study trip taken by her last summer under the Rockefeller Foundation Scholarship. She had had an opportunity to study health work in cities and states from New York to Louisiana, and told a very interesting story of conditions in these various parts of the United States. At the close of the meeting a social hour was spent. This was the first opportunity our society has had to hear an outside speaker, and we all felt that the occasion had been a great inspiration.

NEW BRUNSWICK

FREDERICTON: The Fredericton Chapter of the New Brunswick Registered Nurses Association had recently as its lecturer, Dr. G. C. Van Wart, his subject being "Nursing Education". At the conclusion of his address the graduate nurses, of the Victoria Public Hospital, presented Dr. Van Wart with a gift as a mark of appreciation of his completion of forty years as a member of the Hospital Staff and his having lectured, in that time, to every graduate of the Victoria Public Hospital. Refreshments were served by the nursing staff of the Hospital and, with many wishes for Dr. Van Wart to lecture many more years, a happy evening came to an end.

FREDERICTON: The local Chapter of the New Brunswick Registered Nurses Association held its regular meeting on Feb. 1, 1937. Thirty nurses were present, and at the conclusion of the business meeting, Dr. G. E. Chalmers gave a very interesting address on surgical nursing.

SAINT JOHN: The annual meeting of the Saint John Chapter of the Registered Nurses Association of New Brunswcik was held on January 18, with the retiring president, Mrs. G. E. VanDorsser, in the chair. The election of officers resulted as follows: Miss Agnes Carson, of the Saint John Tuberculosis Hospital staff, was elected president of the Chapter. First Vice-President, Miss Martina Wallace; second vice-president, Miss Ethel Henderson; secretary, Miss Helen Lynch; assistant secretary, Miss Mary Donovan; treasurer, Miss Mary Fitzgerald; registrar and treasurer of registry, Miss Martha Fraser; registry committee, Miss Susanne Hartley (convener), Miss Martha Fraser, Miss Martina Wallace, Miss Theresa Murphy and Miss R. Wilson; convener of the programme committee, Miss Helen Cahill; convener of the private duty section, Miss Henrietta Redmore; The *Canadian Nurse* committee, Miss Beatrice Selfridge (convener) and Miss Christina Jennings; convener of the public health committee, Miss Ada Burns; convener of sick benefit committee and treasurer of the Fund, Miss E. J. Mitchell; auditing committee, Mrs. John Vaughan and Miss Lottie Hume. Mrs. VanDorsser gave a comprehensive review of the progress made during the past year.

Miss Emma Kierstead (St. J.G.H., class of 1935) is taking a postgraduate course at the Hospital for Sick Children, Toronto. Miss Sylvia Leonoff (St. J.G.H., 1934) has recently been appointed to the staff of the Jewish Hospital in Montreal.

Married: Recently, Miss Gertrude Newcombe (S. J.G.H., 1934) to Mr. Edward Perry.

Married: Recently, Miss Julia Bishop (St. J.G.H., 1931) to Mr. Lawrence Fullerton.

WOODSTOCK: The graduation exercises of the School of Nursing of the L. P. Fisher Memorial Hospital were held recently with Mr. Charles Clarke in the chair. Following the Invocation by the Rev. J. W. Paul, Dr. A. M. Clarke addressed the class and Mayor Everett presented the diplomas. Miss Tulloch, superintendent of nurses, presented the school pins, and Mrs. Fields presented the prizes from the Ladies Hospital Aid. The Alumnae Association also held a dinner in honor of the class at which Mrs. W. B. Manzer presided. Mrs. Harry Dunbar gave the address to the new graduates, and Miss Marjorie Samphier gave a description of the Vimy Pilgrimage in which she had participated last summer. The regular meeting of the Alumnae Association was held on January 19, with the president, Mrs. W. B. Manzer, in the chair. Ten dollars was voted towards the Florence Nightin-

gale Memorial Fund. The proceeds of a bridge held recently will be used for hospital purposes. The following officers have been elected for the coming year: Hon. Member, Miss Elsie Tulloch; President, Mrs. W. B. Manzer; vice-president, Mrs. Wendall Slipp; secretary, Mrs. Frank Hanson, Woodstock; *Executive Committee*: Miss Pauline Jackson, Mrs. Fulton, Mrs. Allan; sick visiting committee, Miss Pauline Gee, Miss Hilda Cummings; entertainment committee, Mrs. Murray McElroy, Mrs. K. Hayden, Mrs. B. Sutton; correspondent to *The Canadian Nurse*, Miss Marjorie Samphier.

Married: Recently, Miss Jenny Belyea (Fisher Memorial Hospital, 1934) to Mr. Murray McElroy.

Married: Recently, Miss Fern Dashwood (Fisher Memorial Hospital, 1935) to Mr. Kenneth Hayden.

Married: Recently, Miss Morrison (Fisher Memorial Hospital, 1935) to Mr. Lynn Fulton.

Married: On Dec. 12, 1936, Miss Nan Allison (Fisher Memorial Hospital, 1935), to Mr. Frederick Dunham.

NOVA SCOTIA

HALIFAX: The annual meeting of the Halifax Infirmary Alumnae Association was held recently with Miss B. Foley presiding. Twenty-eight members were present. New officers were elected for the coming year as follows: Hon. President, Miss L. Dockrill; vice-president, Miss N. Chisholm; secretary, Miss M. Shearman; treasurer, Miss D. Turner; *committees*: entertainment, Miss T. Lapierre; visiting, Mrs. H. Power; press, Mrs. G. H. Martin; nominating committee, Mrs. L. MacManus, Miss C. Duggan. A social hour was enjoyed at the close of the business session.

ONTARIO

DISTRICT 1

CHATHAM: The annual meeting of the St. Joseph's Hospital Alumnae Association was held recently with Mrs. C. D. Salmon presiding. The election of officers resulted as follows: Hon. President, Mother M. Theodore; Hon. vice-president, Sister M. Consolata; Hon. members, Miss Lillian Richardson, Miss Jean Lundy; president, Miss Laura O'Neil; first vice-president, Mrs. C. Salmon; second vice-president, Miss Carman Borman; corresponding secretary, Miss E. Wright, 222 Selkirk St.; secretary-treasurer, Miss Marion Ellis, 4 Commerce Apts., Wellington St.; programme committee, Mrs. H. Driscoll, Miss H. Grey, Miss M. Donovan, Miss H. McCullough; executive committee, Miss M. Kearns, Miss M. Doyle, Mrs. R. Watson, Miss I. Poissant; refreshment, Mrs. R. C. Hodgin, Miss L. Pettypiece; representative to *The Canadian Nurse*, Miss Loraine McGrail. The new

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 26th, 27th and 28th, 1937.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1937.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE

Results of examinations will be published on or about June 5th, 1937.

E. FRANCES UPTON, R.N.,
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.
1538 Sherbrooke St. West, Montreal

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on May 19, 20 and 21, 1937, at Halifax, Yarmouth, Amherst, Sydney and Antigonish. Requests for application forms should be made at once, and forms MUST BE returned by April 19th, together with fee of ten dollars and diploma of School of Nursing. No undergraduate may write unless she has passed successfully all final training school examinations, and is within six weeks of completion of her course of training.

MURIEL J. GRAHAM, R. N. Registrar,
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president then took the chair, and plans were made for a dance of which Miss Ida Poissant is convenor. It was decided to have meetings on the first Tuesday evening of

District 1

LONDON: The London Chapter of District One, Registered Nurses Association of Ontario, was organized in January when a large group of nurses met at the Victoria Hospital. The objective of the Chapter is to obtain 100 per cent membership amongst the local group of 250 nurses who are eligible for membership in the R.N.A.O. The officers elected were: Chairman, Miss Florence Connolly; vice-chairman, Miss Evelyn Hazelwood; secretary, Mrs. H. Souter; treasurer, Miss M. Smith. Mrs. Hedley V. Smith urged active membership and Miss Florence Quigley spoke on the proposed Curriculum for School of Nursing. Plans are being made for a meeting at which it is expected that Miss E. Mac Pherson Dickson, of Toronto, will speak on Dominion Registration. Funds to meet the local expenses of the annual meeting of the Provincial Association to be held in London are being raised through a theatre night.

LONDON: A meeting of the Alumnae Association of the Victoria Hospital was held recently with a good number of nurses in attendance. The president, Miss McLaughlin, was in the chair. It was reported that the sum of $15.00 was sent to the Florence Nightingale Fund. A motion was carried that *The Canadian Nurse* be sent to the secretaries and to the treasurer and to the publications convenor for the duration of their term in office. A description of the course to be given to registered nurse under thirty-five years of age, by the Department of National Defence, through the Canadian Army Medical Corps, was given by Mrs. Hedley Smith. Dr. Crawford, a Medical Missionary from China, gave a very interesting talk on his work in that country. A social hour followed.

MARRIED: Recently, Miss Florence B. Sutcliffe to Mr. Charles W. Hodgert.

ST. THOMAS: For a number of years Miss Lucille Armstrong has been the capable and beloved superintendent of the St. Thomas Memorial Hospital and has been ably assisted by Miss Jessie Grant, one of our own graduates. It was with regret that we learned of their resignations, both of which are due to approaching marriage. Miss Grant was recently married to Mr. Gordon Wimbush and the happy couple has taken up residence in Tillsonburg. Previous to her marriage, Mrs. Wimbush was honoured by the Alumnae Association at a dinner bridge, and she was presented with a handsome Sheffield service tray and a bouquet of American beauty roses. Miss Armstrong is still filling her position as superintendent at the hospital, but her marriage will shortly take place to Mr. Norman Miller. On Feb. 1 about 90 members of the Alumnae Association held a delightful dinner party in her honour. Miss Irma Precious, president of the Association, paid he a high tribute and Miss Florence McAlpine presented her with a beautiful Sheffield tray and tea service. Miss Hazel Hastings also presented her with a honorary life membership and a quaint Colonial bouquet. Musical selections were given by Miss Mary Robertson and Miss Eugenia Berube. Members were also present from out-of-town to pay honour to Miss Armstrong, who has been a faithful and understanding guide not only to nurses-in-training but also to the graduates. She was also honoured by the Senior and Junior Hospital Aid and by other groups in the city where she has been so popular. She is succeeded as superintendent of the hospital by Miss Jessie M. Wilson, of Brantford, who comes to us highly recommended. Miss Armstrong has asked us to give Miss Wilson the same help and co-operation that they have given her in the past in order that the work of the Hospital and the Association may continue to progress. Miss Wilson will have as assistant superintendent Miss Claribel Robertson who is one of our graduates and who until recently has been our capable operating room supervisor. Miss Robertson is being succeeded by Miss Lorraine Mathews who for a number of years has been our efficient night superintendent.

SARNIA: The Registered Nurses Association of Ontario, District One, held its annual meeting in the General Hospital, Sarnia, on January 23, with the chairman, Miss Mabel Hoy, of Windsor, presiding at the business session. The Mayor of Sarnia, doctors and clergy gave the nurses a hearty welcome. All reports were very gratifying, the treasurer's report showed a favorable balance. A drive is being made for new members for the Registered Nurses Association of Ontario, setting the quota for District One at a hundred new members. Officers elected for the coming year were: Chairman, Miss Mabel Hoy, Windsor; vice-chairman, Miss Doris Shaw, Sarnia; secretary-treasurer, Mrs. Arthur Johnston, Riverside; convener of nurse education, Miss Evelyn Hazelwood, London; convenor of private duty, Mrs. Mary Elrick, Sarnia; convener of public health service, Miss Ermine Cummings, London; convener of permanent education, Miss Lorna Horwood, London; convener of publications, Miss Nellie M. Williams, London; convener of membership, Miss Nellie Gerard, Windsor; *Councillors*: Miss Florence Connolly, London; Miss Alice Claypole, St. Thomas; Miss Nettie Pettypiece, Chatham; Miss Janet Paul, Sarnia; Miss Florence Ritchie, Petrolia; Miss Marion Spence, Windsor. A delicious luncheon was served by the Hospital Staff.

The guest speakers at the afternoon meeting were Dr. Robert MacKinley, of Sarnia, and Miss E. MacPherson Dickson, of Toronto, who gave an interesting address on Dominion Registration for nurses. A lively and profitable discussion followed Miss Dickson's address. At the close of the session the nurses were guests of the Alumnae Association of the Sarnia General Hospital at a delightful tea.

Districts 2 and 3

Brantford: The officers for Districts 2 and 3 Registered Nurses Association of Ontario are: chairman, Miss H. L. Potts; first vice-chairman, Miss A. Campbell; second vice-chairman, Miss K. Charnley; secretary-treasurer, Miss Hilda D. Muir, Brantford General Hospital; *Councillors*: Misses M. Meggitt, L. Ferguson, C. Biffin, E. Schaub, M. Costello and Mrs. K. B. Cowie; *Committee Conveners*: Nursing education, Miss C. E. Jackson; private duty, Miss K. Cleghorn; public health, Miss A. Fennell.

Brantford General Hospital: Miss E. M. McKee and Miss J. M. Wilson were joint hostesses at a fireside tea given in honour of Mr. and Mrs. Scott, who are visitors from India. Mrs. Scott was fermerly Miss H. Day and is a graduate of the School of Nursing of the Brantford General Hospital. Miss Willa Laird is spending the winter in California. Miss Ann Fair is spending the winter in Florida. Miss Jessie Patton is enjoying a holiday at her home in Scotland. Miss Muriel Nichol, supervisor of the second wing, and Miss Alice Goodwin, supervisor at the private wing have taken a refresher course in Toronto. Mrs. Beth Claridge is doing general duty at Simcoe Hospital:

Married: Recently, Miss Margaret Terryberry (B.G.H., 1935) to Mr. Roy Reavely.

Married: Recently, Miss Lillian Mortimer (B.G.H., 1933) to Mr. Edward Brown.

Married: Recently, Miss Evie Laird (B.G.H., 1934) to Mr. Jack Petitt.

Married: Recently, Miss Laura Spearing (B.G.H., 1926) to Mr. R. L. Fuller.

Galt At the January meeting of the Galt General Hospital Nurses Alumnae Association the following officers were elected for the ensuing year: Honorary president, Miss E. Moffatt; president Miss A. McDonald; vice-president, Miss J. Bell; secretary, Miss E. Hughes; assistant secretary, Miss F. Cole; treasurer, Miss E. Hopkinson; press representative, Miss J. Gilchrist; flower convener, Miss E. Deagle.

Guelph: The officers for the Guelph General Hospital Alumnae Association for the coming year are as follows: Hon. President, Miss S. A. Campbell; president, Miss Ethel Eby, 50 King St., first vice-president, Miss Margaret Dent; second vice-president, Miss Rose Shaw; secretary, Miss Nora

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District 4

HAMILTON: The eleventh annual meeting of District Four, Registered Nurses Association of Ontario was held in the Residence of the Hamilton General Hospital on January 21. The District was fortunate in having as guest speaker, Miss Elizabeth Smellie, C.B.E., Chief Superintendent of the Victorian Order of Nurses. Her subject, "The Common Task", was isnpiring and stimulating to the 125 members privileged to be present. The election of officers resulted as follows: President, Miss Isabelle MacIntosh, Hamilton; vice-president, Miss M. Buchanan, Niagara Falls; second vice-president, Miss Annie Boyd, Hamilton; secretary-treasurer, Miss Cornelia Sheridan, Hamilton; *Councillors*: Miss Dorothy Scott, Niagara Falls; Miss Ann Wright, St. Catharines; Miss A. Oram, Welland; Miss C. Brewster, Hamilton; Mrs. N. Barlow, Htmilton; Reverend Sister Monica, Hamilton: convener for public health nursing, Miss Rita Ford, Hamilton; convener for private duty, Miss E. Richardson, St. Catharines; convener for nursing education, Miss Helen Brown, St. Catherines.

HAMILTON: At a recent meeting of the Alumnae Association of the Hamilton General Hospital Miss Bourk gave an excellent illustrated address on psychical research.

The graduate nurses of the Hamilton General Hospital (meeting as the Alumnae) recently decided by ballot on an eight-hour day for special duty within the institution, with a corresponding reduction in the rate to be charged. This plan is quite definitely not to apply to private work outside the hospital.

Miss E. Gayfer, assistant instructress at the Hamilton General Hospital, and Miss F. Buhler, of the Mount Hamilton Hospital, attended the refresher course for hospital staff nurses given recently at the School of Nursing of the University of Toronto. Miss Mary Black (H.G.H., 1932) is taking a postgraduate course in obstetrics at the Royal Victoria Montreal Maternity Hospital. Miss Dorothy Daniels (H.G.H., 1934) is spending the winter months in California.

MARRIED: Recently, Miss Doris Thomas (H.G.H., 1934) to Mr. William Richardson.

MARRIED: Recently, Miss E. Burkholder (H.G.H., 1932) to Mr. Gilmour.

MARRIED: Recently, Miss Geneva A. Stoltz (H.G.H., 1935) to Mr. James Leith.

District 5

ORILLIA: Chapter 2, District 5, R.N.A.O., held a meeting recently at the Royal Victoria Hospital, Barrie, with an attendance of about twenty-five nurses. Miss Waterman spoke briefly on the Red Cross Society and urged the nurses to enroll in the Red Cross Society, so that in time of war, disaster or epidemic, suitable applications would be on file. Miss Bamforth, dietitian of the Royal Victoria Hospital, Barrie, gave a very informing paper on "Modern trends in the treatment of diabetes". Miss Fairley, instructor of nurses, Soldiers Memorial Hospital, Orillia, gave an excellent paper on "Post-graduate nursing courses for private duty nurses". Miss McArthur, superintendent of the Royal Victoria Hospital, extended an invitation to hold the next meeting in Barrie as it is the most central place during the winter months. The invitation was accepted. The members of the Alumnae and the Staff assisted in looking after the guests at the tea hour.

OSHAWA: The regular meeting of the Alumnae Association of the Oshawa General Hospital was held on February 1, after which skating was enjoyed. The group then gathered at Mrs. Armour's home for a social hour.

TORONTO: The annual meeting of District 5, Registered Nurses Association of Ontario, was held on Feb. 5, at the Academy of Medicine. The treasurer's report showed total receipts amounting to $329.96 and disbursements of $177.04. During the past year there were 619 paid-up members, of which 536 were renewals and 83 were new members. Already 122 applications have been received for consideration in 1937. In submitting her report, Miss P. B. Austin made an appeal to raise the membership of District Five to 1000 before the annual meeting of the Provincial Association, which takes place in London next month. Another vital question now being considered by the R.N.A.O. is that of Dominion Registration. Miss Sellery presented the report of the Public Health Section, Miss Worth that of the Private Duty Section, and Miss Chute that of the Nurse Education Section. Miss R. M. Beamish submitted the report of the standing committee on membership, Miss E. Greenwood reported concerning the activities of the publications committee, and Miss Giles gave the report of the programme committee. Miss Greenwood also presented the report of the Permanent Education Fund Committee and Miss Cole told of what is being done in support of *The Canadian Nurse*. Miss J. Smith, of Oshawa, reported on behalf of Chapter One, and Miss Law, of Barrie, reported concerning the activities of Chapter Two. Miss Ella Grant presented the report of the nominating committee and

elections of officers were made as follows: Chairman, Miss Irene Weirs, Department of Public Health, Toronto; vice-chairman, Miss W. L. Chute, School of Nursing University of Toronto; secretary-treasurer, Miss Gwladwen Jones, Toronto Western Hospital; conveners of sections were appointed as follows: private duty, Miss Winnifred Worth; nurse education, Miss E. Williams; public health, Miss M. Sellery. The following were elected as councillors: Miss Frances Matthews, Toronto; Miss Olive Waterman, Orillia; Miss Maud Wilkinson, Weston; Miss Agnes Neil, Toronto General Hospital; Miss Jean Smith, Oshawa; Miss Edna Moore, Toronto. The speaker of the evening was Miss Mary Millman, a member of the staff of the School of Nursing of the University of Toronto. Miss Millman emphasized the desirability of working out a community nursing bureau which would provide for the centralization of all types of nursing service under supervision. This, it is claimed, is an recognized need of a modern community. At the conclusion of the meeting a pleasant social hour was spent.

TORONTO: Wellesley Hospital. Mrs. McKinnon, who is the daughter of an Indian princess, gave an interesting address on "The women of India" at a recent meeting of the Alumnae Association of the Wellesley Hospital. She spoke highly of the fine work which is being done by medical missionaries among the women in India. At another recent meeting, Dr. V. Johnston gave an address on a gynecological subject. The officers of the Association for 1937 are as follows: Honorary president, Miss G. Ross; president, Miss L. Richards; first vice-president, Miss McAlpine; second vice-president, Miss McKelvey; recording secretary, Miss Kilgour; corresponding secretary, Miss Grace Shier, 19 Dunbar Rd.; treasurer, Miss Hilda Bacon, 414 Jarvis St.; correspondent to *The Canadian Nurse*, Miss E. S. Cowan.

Married: Recently, Miss Isabelle Couper (W.H., 1930), to Mr. F. R. Gorrie.

Married: Recently, Miss A. D. Anderson (W. H., 1926) to Dr. R. H. Kinsman.

Married: Recently, Miss Dorraine Cameron (W. H., 1934) to Mr. Donald H. Hubbs.

Married: Recently, Miss Dorothy Hewitt (W.H., 1930) to Mr. Brock Jamieson.

Married: Recently, Miss Jean Christie (W.H., 1935), to Mr. William Campbell.

Married: Recently, Miss Mary Neilson (W. H., 1934) to Mr. George Munroe.

Married: Recently, Miss Alice Day (W. H., 1933) to Dr. R. A. Benson.

PETERBOROUGH: A meeting of Chapter C. District 6, Registered Nurses Association of Ontario, was held on January 26 at St. Joseph's Hospital. The chairman, Miss Flynn, presided and twenty-two members were present. Sister Gonzaga led a discus-

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sion on the Curriculum for Schools of Nursing in Canada and it was decided that she be appointed convenor of a group for the study of the Curriculum and that at lesat fifteen minutes at each meeting he devoted to this study. Representatives are to be chosen from every field of nursing to lead discussion. A report was received from the membership convenor, Miss Mohr and from the private duty convenor, Miss Hogan. Miss Wagar was appointed convenor of the finance committee and Miss Kathleen Hickey was appointed to the programme committee to fill a vacancy occasioned by the resignation of Miss Hutchison. The subject of "Dominion Registration" was introduced by Miss Young, and an address dealing with the history of the Registered Nurses Association of Ontario was given by Miss McCarthy. A vote of thanks was tendered to those taking part in the programme by Mother St. Joseph.

OTTAWA CIVIC HOSPITAL: Misses Lera Barry, Mary Luton, Mayne Downey, Louise Beeman and Florence McLeod attended a refresher course recently given under the auspices of the School of Nursing of the University of Toronto.

Married: Recently, Miss Edna Noyes (O.C.H., 1936) to Mr. Locke C. Goodfellow.

DISTRICT 8

OTTAWA: The following are the officers for the coming year of the Alumnae Association of St. Luke's Hospital, Ottawa: Hon. President, Miss E. Maxwell, O.B.E.; president, Miss Norma Lewis; second president, Mrs. John Powers; secretary, Miss E. Grace Woods, 27 Rosebery Ave.; treasurer, Miss Diana Brown; *Committee Conveners*: *Nominating*, Misses M. Heron, E. Sproule, S. Carmichael; *Flower*, Misses H. Lovering, I. Allen; *Programme*, Misses M. Hewitt, P. Watt; *Auditors*: Misses E. MacIlraith, M. Moore; *Representatives*: to the *Central Registry*, Misses M. Clark, M. Ross; to *The Canadian Nurse*, Miss M. Drummond.

DISTRICT 9

TIMMINS: Mrs. C. Abrams recently entertained at her home approximately twenty-five members of the Timmins Chapter of the Registered Nurses Association of Ontario at a delightful bridge. The winners of prizes were Miss E. Chiassan, Mrs. Dr. Honey, and Miss L. Wing.

Married: In November, 1936, Miss Irene Burke (St. Michael's Hospital, Toronto, 1933) to Mr. Albert Brissan.

QUEBEC

MONTREAL: Children's Memorial Hospital. Miss Gertrude Layman (C.M.H., 1933) has resigned from the Woman's General Hospital and has accepted a position at the Strong Memorial Hospital, Rochester, N. Y. Miss Ethel Hillyard, formerly instructor of nursing at the C.M.H., has accepted a position as instructress of nurses at the Woman's General Hospital, Montreal.

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MONTREAL: The thirtieth annual meeting of the Alumnae Association of the Montreal General Hospital Training School for Nurses was held on January 8, with the president, Miss M. Batson, in the chair. The president outlined the various activities carried on during the year and demonstrated that the Association had been active in educational work. A scholarship of $250.00 was awarded to Miss Bertha Elizabeth Steele, class of 1932, for postgraduate study in public health at the School for Graduate Nurses, McGill University. The Mutual Benefit Fund was subjected to great demands during the year owing to the prevalence of illness. Officers for 1937 were elected as follows: President, Miss Mary Mathewson; first vice-president, Miss Catherine Anderson; second vice-president, Miss Mary Long; recording secretary, Miss Anne Peverley; corresponding secretary, Miss Nancy Kennedy-Reid; treasurer of Alumnae Association and Mutual Benefit Association, Miss I. Davies; executive committee, Miss Margaret Morrison, Miss E. Frances Upton, Miss Marion Nash, Miss M. Batson, Miss K. Annesley; refreshment committee, Miss I. Gilbert (convener), Miss M. Shannon, Miss E. M. Boyd, Miss M. F. Crandell, Miss Jessie Case, Miss M. K. Bunbury; representatives to Private Duty Section, Miss J. Morrell, Miss A. M. MacFie, Miss Eva Cutter; representative to *The Canadian Nurse*, Miss M. K. Holt; representatives to the Local Council of Women, Miss G. Colley, Miss A. Costigan; sick visiting committee, Miss J. Home, Miss J. MacRae; programme committee, Miss I. Davies, Miss M. Batson.

On Sunday afternoon, January 31, an enjoyable reception was given at the Central Division of the Montreal General Hospital to bid farewell to Miss Inez Welling (M.G.H., 1923) who for the past eight years has held the position of second assistant to the Superintendent of Nurses, and is now leaving to become Superintendent of Nurses at the Verdun Hospital for the Mentally Ill, Verdun, Montreal. A purse was presented to Miss Welling from the nursing staff, dietetic staff and student nurses, in appreciation of her unfailing kindness and co-operation in all matters appertaining to the good of the institution and the welfare of the individual—as Miss Welling was in charge of the health programme for the whole staff, besides her duties in the Training School Office. We shall all miss Miss Welling, but are glad to know that her new work will keep her in the vicinity and with the possibility of further relationship.

Miss Louise Shepherd (M.G.H., 1928) who resigned her position at the Hamilton General Hospital last June, is now in charge of the Paediatric Ward, Children's Memorial Hospital, Montreal. Miss Bernice Underhill (M.G.H., 1932), who recently spent one year in the Vancouver General Hospital, is now in charge of Ward M. Central Division.

MONTREAL: Royal Victoria Hospital. Miss Helen MacIntyre (R.V.H., 1931) who has been in charge of the nose and throat ward has resigned to enter the private duty field. Miss Rhoda Stewart (R.V.H., 1936) is replacing her. Miss K. Zwicker (R.V.H., 1926) has left on a two months trip to visit friends in South Africa. In her absence Miss Cora MacLeod (R.V.H., 1934) is in charge of the Operating Room in the Neurological Institute. Miss K. MacKenzie (R.V.H., 1935) who has been in charge of the paediatric ward for a short time resigned at the end of January. She is replaced by Miss Margaret Heeney (R.V.H., 1933). The Alumnae Association had a very interesting address at the February meeting from Dr. E. H. Mason on "Protamine Zinc Insulin—its development and use."

Married: Recently, Miss Marion Perley (R.V.H., 1929) to Mr. E. M. Pilkey.

Married: Recently, Miss Irene MacAlden (R.V.H., 1935) to Mr. William Shaw.

Married: Recently, Miss Ruth Anderson (R.V.H., 1935) to Mr. Cedric Thorbourn.

QUEBEC: Jeffery Hale's Hospital. At the January meeting of the Alumnae Association, Mrs. Carrington gave an interesting talk on the different professions taken up by the women of New Zealand and Australia, stressing the nursing profession and comparing the conditions with those which exist in Canada. Several changes have been made on the nursing staff: Miss McHarg is temporarily replacing Miss Lunam, Mrs. Seale has taken charge of the operating

room and Miss Black (J.H.H., 1937) has been appointed night supervisor.

SASKATCHEWAN

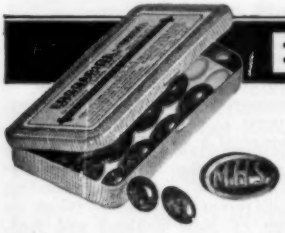
SASKATOON: The following marriage has recently taken place:

MARRIED: On January 7, 1937, Miss Dora Margaret Kalbfleisch (S.C.H., 1935) to Mr. Anton Pearson.

OVERSEAS NURSING SISTERS ASSOCIATION

LONDON UNIT: During 1936 the following officers directed the activities of the Unit: President, Miss Della M. A. Birrell; vice-president, Mrs. Florence Campbell; secretary, Miss Josephine Little; treasurer, Miss Bertha Smith, O.B.E. The executive committee consisted of, Misses Ada Parrish, A. Bodkin, H. Stuart, H. Bapty, M. Mara. Throughout the year delightful social meetings took place. We attended the Remembrance Day services, followed by the laying of the wreath at the Cenotaph by our president. Our annual Armistice Dinner was held with thirty five members present. An interesting talk was given by Mrs. Florence Campbell on her trip to Vimy. Our Association is affiliated with the Local Council of Women, and during the year it was our privilege to have our president and three other members represent us at a luncheon given by the Council in honor of Her Excellency Lady Tweedsmuir and also Lady Vincent, the wife of the Lord Mayor of London. Several of our members were privileged to attend the reception at the Government House, Toronto, given by Colonel and Mrs. Bruce in honor of the visit of Lady Astor. We regret the loss from our midst, through transfer, of Miss Alice Turner, but wish her success in her new position.

WINDSOR: The annual meeting of the Windsor Unit was held on January 21, with the following members acting as hostesses: Mrs. W. J. Elliott (Nursing sister Marion Gould), Mrs. Robillard, C.A.M.C. and Miss Francis McNally, Q.A.I.M.N.S.R. The 7. C. Winderlar (Nursing Sister Jennie meeting was opened by the president, Mrs. Johnston), and the treasurer's report was presented by the secretary-treasurer Nursing Sister Nellie Gerard. The Unit is affiliated with the Local Council of Women and with "All Canada Overseas." Remembrances for the overseas men in hospitals were sent at Christmas. The election of officers resulted as follows: president, Mrs. E. C. Windelar (Nursing Sister J. Johnston); vice-president, Mrs. F. H. Bowen (Nursing Sister Margaret Mackintosh); secretary-treasurer Nursing Sister Nellie Gerard, 911 Victoria Ave., Windsor. All the Executive Commitee were returned to office unanimously. A bridge supper followed and made a happy evening.



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First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) **Miss Kate S. Brighty, Administration Building, Edmonton;** (2) **Miss H. S. Peters, University Hospital, Edmonton;** (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, St. John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

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Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal, (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

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Provincial Associations of Registered Nurses

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Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4 St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board*: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections*: *Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners*: *Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors*: Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffat and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

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Chairman, Miss H. Potts; First Vice-Chairman, Miss A. Campbell; Second Vice-Chairman, Miss K. Charnley; Secretary-Treasurer, Miss H. D. Muir, Brantford General Hospital; *Councillors*: Misses M. Meggitt, L. Ferguson, C. Biffin, E. Schaub, M. Costello and Mrs. K. Cowle; *Conveners*: *Nursing Education*, Miss C. Jackson; *Private Duty*, Miss K. Cleghorn; *Public Health*, Miss A. Fennell.

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Chairman, Miss Isabelle MacIntosh; Vice-Chairman, Miss M. Buchanan; Second Vice-Chairman, Miss A. Boyd; Secretary-treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses D. Scott, A. Wright, A. Oram, C. Brewster, Mrs. N. Barlow, Reverend Sister Monica; *Conveners*: *Public Health Nursing*, Miss R. Ford; *Private Duty*, Miss E. Richardson; *Nursing Education*, Miss H. Brown.

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Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners*: *Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

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Chairman, Miss E. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge St., Peterborough; *Committee Conveners*: *Private Duty*, Miss L. Ball; *Nursing Education*, Miss F. McIndoo; *Public Health*, Miss M. Poulson; *Publications*, Miss E. Walsh; *Membership*, Miss M. Moher.

District 8

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg.; *Councillors*: Misses M. Downew, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

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Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatarium P.O., Gravenhurst; *Councillors*: Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections*: Private Duty, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education,* Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health,* Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty,* Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse,* Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mesdemoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Juliane Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College Montreal, Miss K. L. Annesley, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health,* Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education,* Miss Edith Amas, City Hospital, Saskatoon; *Private Duty,* Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanche Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medecine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership,* Miss E. Rousom; Visiting, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section,* Mrs. M. Tobin; to *The Canadian Nurse,* Miss E. Breakell.

BRITISH COLUMBIA

Nelson Registered Nurses Association

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Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership,* Miss K. Stowe; *Press,* Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croil, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance,* Miss M. I. Teulon; *Programme,* Miss M. Wismer; *Membership,* Miss M. Dutton; *Social,* Miss G. Currie; *Directory,* Miss C. Harkness; *Visiting,* Miss N. Foster; *Representatives:* to *the Press,* Miss R. McLellan; to *Local Council of Women,* Miss M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. Leys, 3545 Parke Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. N. Thomson; Secretary-Treasurer, Miss L. Terrill, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

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A. A. Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

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dian Nurse, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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